

Jeffries, Dawn (DEQ)

From: Jeffries, Dawn (DEQ)
Sent: Friday, September 05, 2014 1:19 PM
To: 'Stephen Chesnut'
Subject: Mohawk Industries, Inc., VPDES Permit No. VA0004677, Rockbridge County

Dear Mr. Chesnut:

Your application has been reviewed and appears to be complete. The next steps involve assembling the information necessary to develop the permit limitations and then drafting the permit. Once the draft permit is prepared and the appropriate reviews are performed, I will transmit the draft permit and supporting documentation to you for review. I expect to have this draft permit package to you within the next 3 months.

The Department of Environmental Quality strives to complete the permitting process in a timely manner. If you have any questions about our procedures or the status of your draft permit, please do not hesitate to contact us.

Sincerely,
Dawn Jeffries
VA Dept. of Environmental Quality
Valley Regional Office
P.O. Box 3000
Harrisonburg, Virginia 22801
540-574-7898
dawn.jeffries@deq.virginia.gov

Jeffries, Dawn (DEQ)

From: Stephen Chesnut [stephen_chesnut@mohawkind.com]
Sent: Friday, September 05, 2014 10:22 AM
To: Jeffries, Dawn (DEQ)
Subject: FW: Reissuance Application for Permit No. VA0004677

Hope this is everything.

Stephen T. Chesnut
Mohawk Industries
Wastewater Treatment
540-258-7282

From: Stephen Chesnut
Sent: Friday, September 05, 2014 10:20 AM
To: Stephen Chesnut
Subject: RE: Reissuance Application for Permit No. VA0004677

G (stock and yarn finishing)	27,386
C (low water use processing)	225,791
F (carpet Finishing)	62,357

Stephen T. Chesnut
Mohawk Industries
Wastewater Treatment
540-258-7282

From: Stephen Chesnut
Sent: Thursday, September 04, 2014 8:56 AM
To: 'Jeffries, Dawn (DEQ)'
Subject: RE: Reissuance Application for Permit No. VA0004677

Mohawk Industries, Inc. is the correct owner.

Outfall 002, 008, and 009 are only stormwater, they are not exposed to any industrial activity.

I am working on trying to find an answer to the lbs/day production categories, I will get it to you as soon as I can.

Stephen T. Chesnut
Mohawk Industries
Wastewater Treatment
540-258-7282

From: Jeffries, Dawn (DEQ) [mailto:Dawn.Jeffries@deq.virginia.gov]
Sent: Wednesday, September 03, 2014 2:47 PM
To: Stephen Chesnut
Subject: Reissuance Application for Permit No. VA0004677

Stephen,

I am looking over the reissuance application I received from you and have a couple of questions we can probably clear up pretty quickly by email.

-I notice that you list the facility/owner as Mohawk Industries. We currently have it as Mohawk Industries, Inc. Please verify which is correct.

-On Form 2C, I don't see Outfalls 002, 008, and 009 listed. In the current permit they discharge stormwater not exposed to any industrial activity. Please let me know their status.

-On Form 2C, Part III.B. you indicated 'No'. The permit has historically been written for activities covered under 40 CFR Part 410, Sub-categories G (stock and yarn finishing), C (low water use processing), & F (carpet finishing) and limits are based on production. I will need to know current production categories the lbs/day of product for each sub-category.

I hope to get started on this draft in the next week or two.

I will call you to schedule a site visit sometime soon.

Thanks for your help,

Dawn

Dawn Jeffries
VA Dept. of Environmental Quality
Valley Regional Office
P.O. Box 3000
Harrisonburg, Virginia 22801
540-574-7898
dawn.jeffries@deq.virginia.gov

Subpart C - Low Water Use Processing Category

	Sept 2013 through 2013 Aug 2014		Average Days per Week
	Daily Ave	Daily Ave	
Air Entangling	10685	7628	5
Winding	20440	14522	5
Cable Twisting	26273	24052	5
Carpet Tufting	107111	107231	6
Vinyl Coating	52250	53170	7
Extruded Coating	9032	12114	2

Subpart F - Carpet Finishing Subcategory

Latex Precoat	62357	64195	6
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Subpart G - Stock and Yarn Finishing Subcategory

Pad Dye	11864	7734	5
Superba Dye	15522	15973	7

MEMORANDUM

DEPARTMENT OF ENVIRONMENTAL QUALITY

VALLEY REGIONAL OFFICE

4411 Early Road - P.O. Box 3000

Harrisonburg, VA 22801

SUBJECT: Application Errata for VPDES Permit No. VA0004677, Mohawk Industries, Inc.,
Rockbridge County

TO: PP File

FROM: Dawn Jeffries

DATE: September 4, 2014

The following deficiencies were noted in the subject permit reissuance application:

Form 1

Item I. The EPA I.D. Number should be the VPDES Permit No., VA0004677.

Item III. The facility name is listed here and throughout the application as Mohawk Industries. The name of record is Mohawk Industries, Inc. This has been verified by email.

Form 2C

Item I.A. Outfalls 002, 008, and 009 are not shown. These outfalls under the current permit discharge only stormwater that is not exposed to industrial activity. Also, coordinates shown for outfalls are all identical though they should be slightly different. The outfalls are separate, but in close proximity as shown on the enclosed map.

Item III.B. This should be answered 'yes' and production information should be provided.

Form 2A

This form applies to the sewage treatment plant that discharges via outfall 104. However, it has been completed for outfall 001, which consists of the effluent from outfall 104 plus other wastewaters. This is understood and has been considered in the drafting of the permit.

Item A.11.b. The design removal for the STP has previously been determined to be at least 85%.

Item A.11.c. The disinfection for the STP is chlorination.

Item E. It is indicated that acute toxicity testing is done, but no results are shown. This information has already been submitted by the permittee and is on file at the VRO.

The deficiencies noted are insignificant and will not affect the preparation of a legally and technically defensible draft permit.

Reviewer Concurrence: bwc 9/4/14

Jeffries, Dawn (DEQ)

From: Stephen Chesnut [stephen_chesnut@mohawkind.com]
Sent: Thursday, September 04, 2014 8:56 AM
To: Jeffries, Dawn (DEQ)
Subject: RE: Reissuance Application for Permit No. VA0004677

Mohawk Industries, Inc. is the correct owner.

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Stephen T. Chesnut
Mohawk Industries
Wastewater Treatment
540-258-7282

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Stephen,

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Thanks for your help,
Dawn

Dawn Jeffries
VA Dept. of Environmental Quality
Valley Regional Office
P.O. Box 3000
Harrisonburg, Virginia 22801
540-574-7898
dawn.jeffries@deq.virginia.gov

August 25, 2014

Dawn Jefferies
Department of Environmental Quality
Valley Regional Office
4411 Early Road
P.O. Box 3000
Harrisonburg, Va. 22801-3000
540-574-7898

DEQ VALLEY
To: _____
Date: _____
AUG 28 2014

Subject: Permit Application
Mohawk Industries
VPDES VA0004677

Dear, Dawn Jefferies:

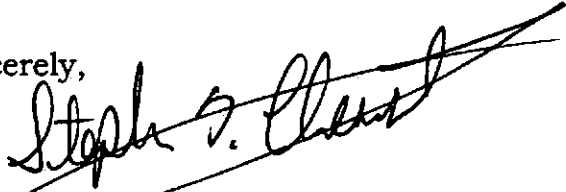
Attached is permit renewal application for Virginia Pollution Discharge Elimination System (VPDES) currently operating at Mohawk Industries at the Glasgow Virginia carpet manufacturing facility. Included in this application are the following items:

1. EPA 3510-1 (Application Form 1)
2. EPA 3510-2C (Application Form 2C)
3. EPA 3510-2A (Application Form 2A)
4. VPDES General Permit Registration Statement for Industrial Activity Stormwater Discharges. (VAR05)
5. VPDES Sewage Sludge Permit Application.
6. VPDES Application Addendum.
7. Permit Billing Information Form.
8. Public Notice Billing Form.
9. Attachment A laboratory results from current VPDES permit.
10. Associated support information including layout drawings and testing results.
11. Request statement asking to waive Internal outfall 907 (coal pile Run-off) and Internal outfall 101 (boiler ash cooling) included in this cover letter.

We are asking you to look into to having Internal outfall 907 (coal pile run-off) to be removed from our permit due to we no longer have a coal pile or a coal fired boiler that will ever be operated again, we are also asking for internal outfall 101 be removed for the same reasons, no coal ash being cooled or #6 oil being heated, we only use natural gas or #2 fuel oil, and we have never had an O&G issue over the many years of testing.

Please call (540) 258-7282 should you have questions or require additional information. E-mail: (stephen_chesnut@mohawkind.com)

Sincerely,



Stephen T. Chesnut
Wastewater Treatment,
Operator in Responsible Charge
Mohawk Industries

Copy to: Tim Daniels, Maintenance Manager

File: Water: Ind. Waste; DMR 2014

DEQ VALLEY
To: _____
Date: _____
AUG 28 2014

EPA Form

3510-1

(Application Form 1)

DEQ VALLEY

AUG 28 2014

To: _____
Date: _____

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">8</td> <td style="width:85%;">VAD000018788</td> <td style="width:5%;">T/A</td> <td style="width:5%;">C</td> </tr> <tr> <td>9</td> <td></td> <td></td> <td>D</td> </tr> </table>	8	VAD000018788	T/A	C	9			D																									
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9			D																																	
II. POLLUTANT CHARACTERISTICS		PLEASE PLACE LABEL IN THIS SPACE																																		
III. NAME OF FACILITY <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">1</td> <td style="width:95%;">Mohawk Industries</td> </tr> </table>		1	Mohawk Industries	IV. FACILITY CONTACT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"> A. NAME & TITLE (last, first, & title) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">2</td> <td style="width:95%;">Chesnut Stephen Wastewater Treatment</td> </tr> </table> </td> <td style="width:40%;"> B. PHONE (area code & no.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">(540)</td> <td style="width:95%;">258-7282</td> </tr> </table> </td> </tr> </table>		A. NAME & TITLE (last, first, & title) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">2</td> <td style="width:95%;">Chesnut Stephen Wastewater Treatment</td> </tr> </table>	2	Chesnut Stephen Wastewater Treatment	B. PHONE (area code & no.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">(540)</td> <td style="width:95%;">258-7282</td> </tr> </table>	(540)	258-7282																									
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GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	Mark "X"			SPECIFIC QUESTIONS	Mark "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		X	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

DEQ VALLEY
 To AUG 28 2014

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C	7	2273	(specify) Carpets and rugs	C	7	2269	(specify) Finishers of textile
13	14	15	16	13	14	15	16
C. THIRD				D. FOURTH			
C	7		(specify)	C	7		(specify)
13	14	15	16	13	14	15	16

VIII. OPERATOR INFORMATION

A. NAME				B. Is the name listed in Item VIII-A also the owner?			
C	8	Mohawk Industries					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
13	14	15	16	17	18	19	20
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)							
F = FEDERAL S = STATE P = PRIVATE				M = PUBLIC (other than federal or state) O = OTHER (specify)			
				P (specify)			
				D. PHONE (area code & no.)			
				A (706) 629-7721			
				13 14 15 16 17 18 19 20 21 22 23 24			

E. STREET OR P.O. BOX			
PO Box 12069			
25			

F. CITY OR TOWN				G. STATE		H. ZIP CODE		IX. INDIAN LAND	
B Calhoun				Ga		30703		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
13 14 15 16 17 18 19 20 21 22 23 24				40 41		42 43 44 45 46 47 48 49 50		51 52	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)				D. PSD (Air Emissions from Proposed Sources)			
C	T	I		C	T	I	
9	N		VA0004677	9	P		
13	14	15	16	13	14	15	16
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
C	T	I		C	T	I	
9	U		N/A	9			VAN040067
13	14	15	16	13	14	15	16
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
C	T	I		C	T	I	
9	R		VAD000018788	9			VRO80269
13	14	15	16	13	14	15	16

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Commercial carpet production of both broadloom and carpet tiles. Supporting processes include yarn processing, tufting, yarn dyeing, coating, packaging and shipping. Also supported by boiler house and WWTP.


DEQ VALLEY

AUG 23 2014

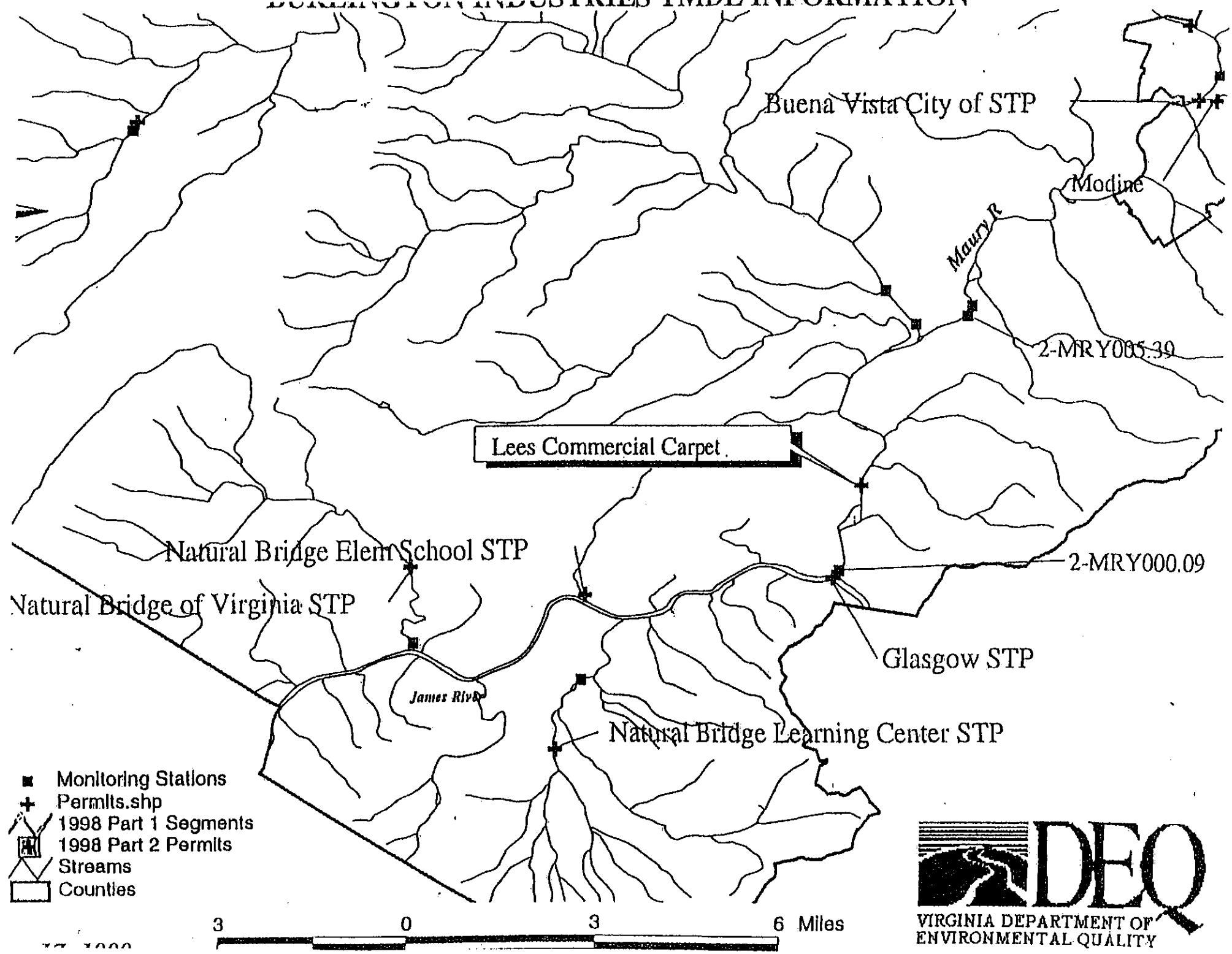
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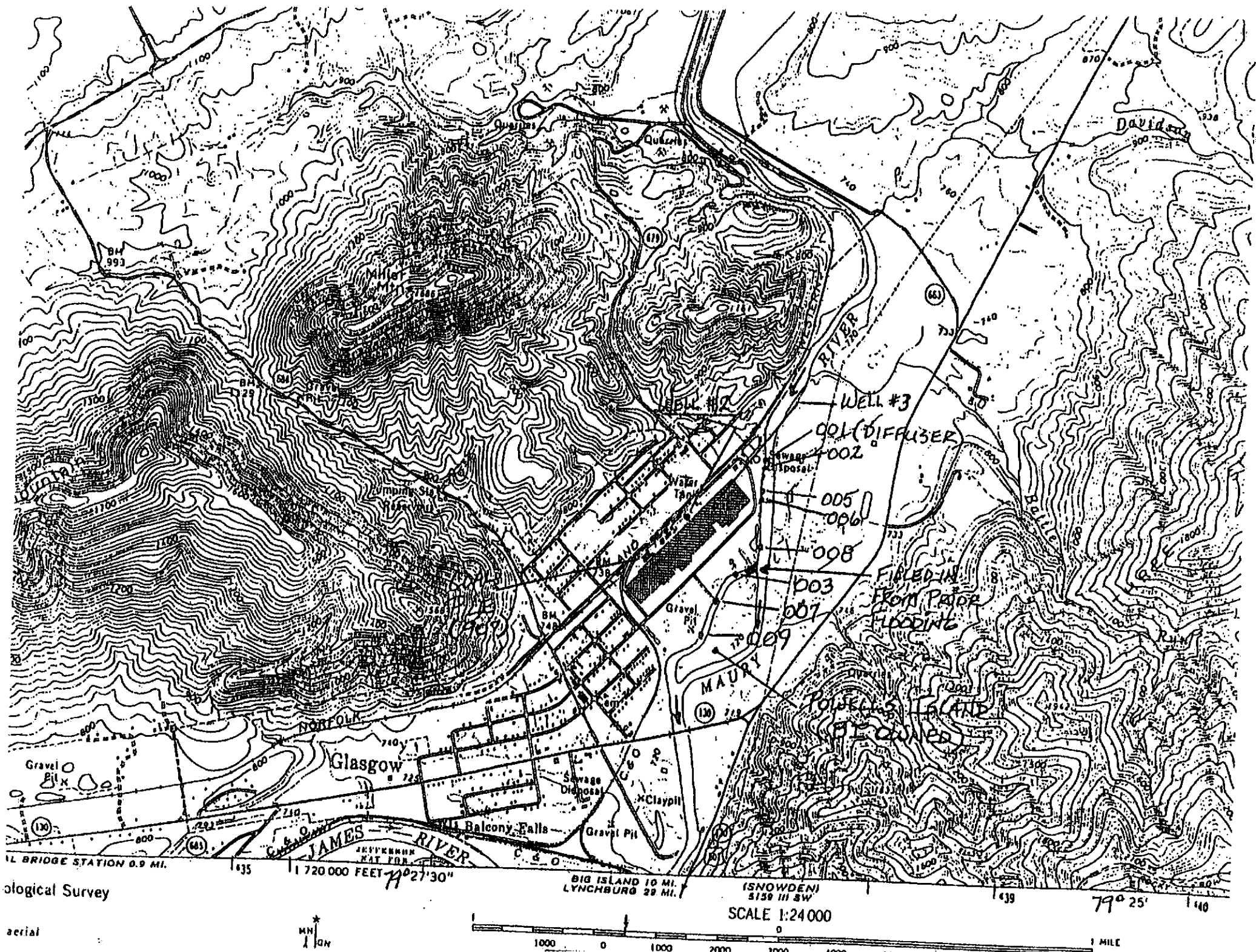
XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Todd Shail, Plant Manager				8/25/14	

COMMENTS FOR OFFICIAL USE ONLY	
C	
C	
13	14





EPA Form

3510-2A

(Application Form 2A)

FORM
2A
NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

FACILITY NAME AND PERMIT NUMBER:

Mohawk Industries VA0004677

Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:**

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.Facility name Mohawk IndustriesMailing Address 404 Anderson Street
Glasgow, Va. 24555Contact person Stephen ChesnutTitle Wastewater Treatment, Operator in ChargeTelephone number (540) 258-7282Facility Address 404 Anderson Street
(not P.O. Box) Glasgow, Va. 24555**A.2. Applicant Information.** If the applicant is different from the above, provide the following:Applicant name N/A

Mailing Address _____

Contact person _____

Title _____

Telephone number _____

Is the applicant the owner or operator (or both) of the treatment works?



owner



operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.



facility

applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).NPDES VA0004677UIC N/ARCRA VAD000018788PSD N/AOther VRO-80269 (Title V Air Permit)Other VAN040067 (General Permit for Nutrients)**A.4. Collection System Information.** Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Mohawk Industries</u>	<u>1000</u>	<u>Separate</u>	<u>Private</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Total population served <u>1000</u>			

FACILITY NAME AND PERMIT NUMBER:

Mohawk Industries VA0004677

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A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

- A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 2.0
- mgd

	Two Years Ago	Last Year	This Year
b. Annual average daily flow rate	<u>0.298</u>	<u>0.252</u>	<u>0.226</u> mgd
c. Maximum daily flow rate	<u>0.602</u>	<u>0.464</u>	<u>0.417</u> mgd

- A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %

☐ Combined storm and sanitary sewer N/A %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?

☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent N/A

iii. Combined sewer overflow points N/A

iv. Constructed emergency overflows (prior to the headworks) N/A

v. Other N/A N/A

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?

☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: N/AAnnual average daily volume discharged to surface impoundment(s) N/A mgdIs discharge ☐ continuous or ☐ intermittent?

- c. Does the treatment works land-apply treated wastewater?

☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: N/ANumber of acres: N/AAnnual average daily volume applied to site: N/A MgdIs land application ☐ continuous or ☐ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

☐ Yes ☒ No

FACILITY NAME AND PERMIT NUMBER:

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If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: N/AMailing Address: N/AContact person: N/ATitle: N/A

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: N/AMailing Address: N/AContact person: N/ATitle: N/A

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. N/A

Provide the average daily flow rate from the treatment works into the receiving facility. NA mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

_____ Yes ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

N/A

Annual daily volume disposed of by this method: N/A

Is disposal through this method _____ continuous or _____ intermittent?

FACILITY NAME AND PERMIT NUMBER:

Mohawk Industries VA0004677

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WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 001
- b. Location Glasgow, Va. 24555
(City or town, if applicable) (Zip Code)
Rockbridge Va.
(County) (State)
37 38' 36" 79 26' 21"
(Latitude) (Longitude)
- c. Distance from shore (if applicable) 20 ft.
- d. Depth below surface (if applicable) 2 ft.
- e. Average daily flow rate 0.226 mgd
- f. Does this outfall have either an intermittent or a periodic discharge?
 Yes ✓ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: N/A
- Average duration of each discharge: N/A
- Average flow per discharge: N/A mgd
- Months in which discharge occurs: N/A
- g. Is outfall equipped with a diffuser? ✓ Yes No

A.10. Description of Receiving Waters.

- a. Name of receiving water Maury River
- b. Name of watershed (if known) Chesapeake Bay Watershed
- United States Soil Conservation Service 14-digit watershed code (if known): Unknown
- c. Name of State Management/River Basin (if known): James River Basin
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 02080203
- d. Critical low flow of receiving stream (if applicable):
acute N/A cfs chronic N/A cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): N/A mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER:

Mohawk Industries VA0004677

Form Approved 1/14/99
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A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.



Primary



Secondary



Advanced



Other. Describe:

Activated Sludge (Extended Aeration)

- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removalUnknown %

Design SS removal

Unknown %

Design P removal

N/A %

Design N removal

N/A %Other UnknownUnknown %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

None

If disinfection is by chlorination, is dechlorination used for this outfall?

☐ Yes☒ No

- d. Does the treatment plant have post aeration?

☐ Yes☒ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.7	s.u.			
pH (Maximum)	7.1	s.u.			
Flow Rate	0.417	MGD	0.226	MGD	212
Temperature (Winter)	20	Degree C	12	Degree C	8
Temperature (Summer)	27	Degree C	24	Degree C	6

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	36	mg/l	5.2	mg/l	14	SM5210 B	2
	CBOD-5	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FECAL COLIFORM		95	col/100ml	N/A	N/A	1	SM9222 D	1
TOTAL SUSPENDED SOLIDS (TSS)		178	mg/l	79	mg/l	14	SM2540 D	0

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Mohawk Industries VA0004677

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

_____ 0 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

N/A

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: N/A

Mailing Address: N/A

Telephone Number: _____

Responsibilities of Contractor: N/A

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

N/A

- b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☒ No

FACILITY NAME AND PERMIT NUMBER:

Mohawk Industries VA0004677

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- c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

N/A

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule	Actual Completion
	MM / DD / YYYY	MM / DD / YYYY
- Begin construction	___/___/___	___/___/___
- End construction	___/___/___	___/___/___
- Begin discharge	___/___/___	___/___/___
- Attain operational level	___/___/___	___/___/___

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: N/A

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	<QL	mg/l	<QL	mg/l	3	EPA 350.1	0.10
CHLORINE (TOTAL RESIDUAL, TRC)	<QL	mg/l	<QL	mg/l	52	HACH 8167	0
DISSOLVED OXYGEN	7.6	mg/l	N/A	mg/l	1	SM4500 O.G	0
TOTAL KJELDAHL NITROGEN (TKN)	7.0	mg/l	3.53	mg/l	30	EPA 351.2	0.50
NITRATE PLUS NITRITE NITROGEN	5.38	mg/l	2.09	mg/l	30	SM4110B	0.50
OIL and GREASE	N.D	mg/l	N/A	mg/l	1	EPA 1664	5.0
PHOSPHORUS (Total)	1.62	mg/l	0.32	mg/l	30	SM4500-P-BE	0.05
TOTAL DISSOLVED SOLIDS (TDS)	1340	mg/l	N/A	mg/l	1	SM2540 C-1997	10.0
OTHER	N/A	N/A	N/A	N/A	N/A	N/A	N/A

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Mohawk Industries VA0004677

Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

☒ Part D (Expanded Effluent Testing Data)☐ Part E (Toxicity Testing: Biomonitoring Data)☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)☐ Part G (Combined Sewer Systems)**ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Todd Shail, Plant ManagerSignature Telephone number (540) 258-7471Date signed 8/25/14

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:

Mohawk Industries VA0004677

Form Approved 1/14/99
OMB Number 2040-0086**SUPPLEMENTAL APPLICATION INFORMATION****PART D. EXPANDED EFFLUENT TESTING DATA**

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001

(Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY	0.024	mg/l	NA	kg/d	NA				1	EPA 200.8	
ARSENIC	ND	mg/l	NA	kg/d	NA				1	EPA 200.8	
BERYLLIUM	ND	mg/l	NA	kg/d	NA				1	EPA 200.8	
CADMIUM	ND	mg/l	NA	kg/d	NA				1	EPA 200.8	
CHROMIUM	0.149	mg/l	0.27	kg/d	0.144	mg/l	0.17	kg/d	14	EPA 200.8	
COPPER	0.071	mg/l	NA	kg/d	NA				1	EPA 200.8	
LEAD	ND	mg/l	NA	kg/d	NA				1	EPA 200.8	
MERCURY	ND	mg/l	NA	kg/d	NA				1	EPA 245.1	
NICKEL	ND	mg/l	NA	kg/d	NA				1	EPS 200.8	
SELENIUM	ND	mg/l	NA	kg/d	NA				1	EPA 200.8	
SILVER	ND	mg/l	NA	kg/d	NA				1	EPA 200.8	
THALLIUM	ND	mg/l	NA	kg/d	NA				1	EPA 200.8	
ZINC	0.018	mg/l	NA	kg/d	NA				1	EPA 200.8	
CYANIDE	ND	mg/l	NA	kg/d	NA				1	EPA 335.4	
TOTAL PHENOLIC COMPOUNDS	0.90	mg/l	0.085	kg/d	0.025	mg/l	0.05	kg/d	14	EPA 420.1	
HARDNESS (AS CaCO ₃)	196	mg/l	NA	kg/d	NA				1	SM2340B	
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

FACILITY NAME AND PERMIT NUMBER:

Mohawk Industries VA0004677

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN	ND	ug/l	NA		NA				1	EPA 624	
ACRYLONITRILE	ND	ug/l	NA		NA				1	EPA 624	
BENZENE	ND	ug/l	NA		NA				1	EPA 624	
BROMOFORM	ND	ug/l	NA		NA				1	EPA 624	
CARBON TETRACHLORIDE	ND	ug/l	NA		NA				1	EPA 624	
CLOROBENZENE	ND	ug/l	NA		NA				1	EPA 624	
CHLORODIBROMO-METHANE	ND	ug/l	NA		NA				1	EPA 624	
CHLOROETHANE	ND	ug/l	NA		NA				1	EPA 624	
2-CHLORO-ETHYL VINYL ETHER	ND	ug/l	NA		NA				1	EPA 624	
CHLOROFORM	ND	ug/l	NA		NA				1	EPA 624	
DICHLOROBROMO-METHANE	ND	ug/l	NA		NA				1	EPA 624	
1,1-DICHLOROETHANE	ND	ug/l	NA		NA				1	EPA 624	
1,2-DICHLOROETHANE	ND	ug/l	NA		NA				1	EPA 624	
TRANS-1,2-DICHLORO-ETHYLENE	ND	ug/l	NA		NA				1	EPA 624	
1,1-DICHLOROETHYLENE	ND	ug/l	NA		NA				1	EPA 624	
1,2-DICHLOROPROPANE	ND	ug/l	NA		NA				1	EPA 624	
1,3-DICHLORO-PROPYLENE	ND	ug/l	NA		NA				1	EPA 624	
ETHYLBENZENE	ND	ug/l	NA		NA				1	EPA 624	
METHYL BROMIDE	ND	ug/l	NA		NA				1	EPA 624	
METHYL CHLORIDE	ND	ug/l	NA		NA				1	EPA 624	
METHYLENE CHLORIDE	ND	ug/l	NA		NA				1	EPA 624	
1,1,2,2-TETRACHLORO-ETHANE	ND	ug/l	NA		NA				1	EPA 624	
TETRACHLORO-ETHYLENE	ND	ug/l	NA		NA				1	EPA 624	
TOLUENE	ND	ug/l	NA		NA				1	EPA 624	

FACILITY NAME AND PERMIT NUMBER:

Mohawk Industries VA0004677

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 001

(Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE	ND	ug/l	NA		NA				1	EPA 624	
1,1,2-TRICHLOROETHANE	ND	ug/l	NA		NA				1	EPA 624	
TRICHLOROETHYLENE	ND	ug/l	NA		NA				1	EPA 624	
VINYL CHLORIDE	ND	ug/l	NA		NA				1	EPA 624	

Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.

ACID-EXTRACTABLE COMPOUNDS

P-CHLORO-M-CRESOL	ND	mg/l	NA		NA				1	EPA 625	
2-CHLOROPHENOL	ND	mg/l	NA		NA				1	EPA 625	
2,4-DICHLOROPHENOL	ND	mg/l	NA		NA				1	EPA 625	
2,4-DIMETHYLPHENOL	ND	mg/l	NA		NA				1	EPA 625	
4,6-DINITRO-O-CRESOL	ND	mg/l	NA		NA				1	EPA 625	
2,4-DINITROPHENOL	ND	mg/l	NA		NA				1	EPA 625	
2-NITROPHENOL	ND	mg/l	NA		NA				1	EPA 625	
4-NITROPHENOL	ND	mg/l	NA		NA				1	EPA 625	
PENTACHLOROPHENOL	ND	mg/l	NA		NA				1	EPA 625	
PHENOL	ND	mg/l	NA		NA				1	EPA 625	
2,4,6-TRICHLOROPHENOL	ND	mg/l	NA		NA				1	EPA 625	

Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.

BASE-NEUTRAL COMPOUNDS

ACENAPHTHENE	ND	mg/l	N/A		NA				1	EPA 625	
ACENAPHTHYLENE	ND	mg/l	N/A		NA				1	EPA 625	
ANTHRACENE	ND	mg/l	N/A		NA				1	EPA 625	
BENZIDINE	ND	mg/l	N/A		NA				1	EPA 625	
BENZO(A)ANTHRACENE	ND	mg/l	N/A		NA				1	EPA 625	
BENZO(A)PYRENE	ND	mg/l	N/A		NA				1	EPA 625	

FACILITY NAME AND PERMIT NUMBER:

Mohawk Industries VA0004677

Form Approved 1/14/99
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Outfall number: 001

(Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE	ND	mg/l	NA		NA				1	EPA 625	
BENZO(GH)PERYLENE	ND	mg/l	NA		NA				1	EPA 625	
BENZO(K)FLUORANTHENE	ND	mg/l	NA		NA				1	EPA 625	
BIS (2-CHLOROETHOXY) METHANE	ND	mg/l	NA		NA				1	EPA 625	
BIS (2-CHLOROETHYL)-ETHER	ND	mg/l	NA		NA				1	EPA 625	
BIS (2-CHLOROISOPROPYL) ETHER	ND	mg/l	NA		NA				1	EPA 625	
BIS (2-ETHYLHEXYL) PHTHALATE	ND	mg/l	NA		NA				1	EPA 625	
4-BROMOPHENYL PHENYL ETHER	ND	mg/l	NA		NA				1	EPA 625	
BUTYL BENZYL PHTHALATE	ND	mg/l	NA		NA				1	EPA 625	
2-CHLORONAPHTHALENE	ND	mg/l	NA		NA				1	EPA 625	
4-CHLOROPHENYL PHENYL ETHER	ND	mg/l	NA		NA				1	EPA 625	
CHRYSENE	ND	mg/l	NA		NA				1	EPA 625	
DI-N-BUTYL PHTHALATE	ND	mg/l	NA		NA				1	EPA 625	
DI-N-OCTYL PHTHALATE	ND	mg/l	NA		NA				1	EPA 625	
DIBENZO(A,H) ANTHRACENE	ND	mg/l	NA		NA				1	EPA 625	
1,2-DICHLOROBENZENE	ND	mg/l	NA		NA				1	EPA 625	
1,3-DICHLOROBENZENE	ND	mg/l	NA		NA				1	EPA 625	
1,4-DICHLOROBENZENE	ND	mg/l	NA		NA				1	EPA 625	
3,3-DICHLOROBENZIDINE	ND	mg/l	NA		NA				1	EPA 625	
DIETHYL PHTHALATE	ND	mg/l	NA		NA				1	EPA 625	
DIMETHYL PHTHALATE	ND	mg/l	NA		NA				1	EPA 625	
2,4-DINITROTOLUENE	ND	mg/l	NA		NA				1	EPA 625	
2,6-DINITROTOLUENE	ND	mg/l	NA		NA				1	EPA 625	
1,2-DIPHENYLHYDRAZINE	ND	mg/l	NA		NA				1	EPA 625	

FACILITY NAME AND PERMIT NUMBER:

Mohawk Industries VA0004677

Form Approved 1/14/99
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Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE	ND	mg/l	NA		NA				1	EPA 625	
FLUORENE	ND	mg/l	NA		NA				1	EPA 625	
HEXACHLOROBENZENE	ND	mg/l	NA		NA				1	EPA 625	
HEXACHLOROBUTADIENE	ND	mg/l	NA		NA				1	EPA 625	
HEXACHLOROCYCLO-PENTADIENE	ND	mg/l	NA		NA				1	EPA 625	
HEXACHLOROETHANE	ND	mg/l	NA		NA				1	EPA 625	
INDENO(1,2,3-CD)PYRENE	ND	mg/l	NA		NA				1	EPA 625	
ISOPHORONE	ND	mg/l	NA		NA				1	EPA 625	
NAPHTHALENE	ND	mg/l	NA		NA				1	EPA 625	
NITROBENZENE	ND	mg/l	NA		NA				1	EPA 625	
N-NITROSODI-N-PROPYLAMINE	ND	mg/l	NA		NA				1	EPA 625	
N-NITROSODI- METHYLAMINE	ND	mg/l	NA		NA				1	EPA 625	
N-NITROSODI-PHENYLAMINE	ND	mg/l	NA		NA				1	EPA 625	
PHENANTHRENE	ND	mg/l	NA		NA				1	EPA 625	
PYRENE	ND	mg/l	NA		NA				1	EPA 625	
1,2,4-TRICHLOROBENZENE	ND	mg/l	NA		NA				1	EPA 625	

Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.

Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.

END OF PART D.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Mohawk Industries VA0004677

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SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters:

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

____ chronic ☒ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 4

Test number: _____

Test number: _____

a. Test information.

Test species & test method number	Ceriodaphnia dubia EPA#600		
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			

b. Give toxicity test methods followed.

Manual title			
Edition number and year of publication			
Page number(s)			

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite			
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection			
After dechlorination			

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Test number: _____

Test number: _____

Test number: _____

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity

Acute toxicity

g. Provide the type of test performed.

Static

Static-renewal

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

Receiving water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water

Salt water

j. Give the percentage effluent used for all concentrations in the test series.

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

Salinity

Temperature

Ammonia

Dissolved oxygen

l. Test Results.

Acute:

Percent survival in 100%
effluent

%

%

%

LC₅₀

95% C.I.

%

%

%

Control percent survival

%

%

%

Other (describe)

FACILITY NAME AND PERMIT NUMBER:

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NOEC	%	%	%
IC ₂₅	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?☐ Yes ☒ No

If yes, describe:

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

EPA Form

3510-2C

(Application Form 2C)

EPA I.D. NUMBER (copy from Item 1 of Form 1)

VAD000018788

Form Approved.
OMB No. 2040-0086.
Approval expires 3-31-98.

Please print or type in the unshaded areas only.

FORM
2C
NPDES



U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	37.00	38.00	36.00	79.00	26.00	21.00	Maury River
003	37.00	38.00	36.00	79.00	26.00	21.00	Maury River
005	37.00	38.00	36.00	79.00	26.00	21.00	Maury River
006	37.00	38.00	36.00	79.00	26.00	21.00	Maury River
007	37.00	38.00	36.00	79.00	26.00	21.00	Maury River

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
001	Internal outfall 104	30,000 gpd	The effluent from the treated sanitary waste treatment plant after disinfection.	3-A	2-F
	Internal outfall 101	25,000 gpd	Boiler Blowdown		
	Latex coating wastewater	10,000 gpd	Effluent from setting basin enters polishing pond prior to entering equalization basin.	1-U	
	Water softening backwash and rinse	3,500 gpd	Discharges directly to equalization basin	2-J	
001	Filter Press filtrate	14,000 gallons per cycle	Filtrate from the plate and frame press for solids handling discharges into E/Q basin	5-A	5-Q
	Yarn Dyeing	200,000 gpd	Enters E/Q basins, pumped to Aeration basin, gravity to clarifiers gravity discharges to receiving stream (Maury River) The Treatment plant is Activated Sludge, extended aeration, Aerobic digester used prior to solids handling.	3-A	3-B
003	Storm water	N/A	Roof drains from manufacturing plant	4-A	
005	Storm water	N/A	Roof Drains from manufacturing plant	4-A	
006	Storm Water	N/A	Roof drains from manufacturing plant	4-A	
007	Storm water, Domestic water tank overflow, Internal outfall 907, off-site stream conduit, storm water	50,000 gpd	Domestic water tank should it overflow would be discharged into 007.	4-A	
			907 is an internal outfall from the previous coal pile storm water run-off (not using coal)		
			Storm water from off-site passes through property and discharges into outfall.		

OFFICIAL USE ONLY (effluent guidelines sub-categories)

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ YES (complete the following table)☒ NO (go to Section III)

1. OUTFALL NUMBER (list)	2. OPERATION(s) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		B. TOTAL VOLUME (specify with units)		C. DURATION (in days)
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ YES (complete Item III-B)☐ NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

☐ YES (complete Item III-C)☒ NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS (list outfall numbers)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	
N/A	N/A	N/A	N/A

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES (complete the following table)☒ NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED
N/A	N/A	N/A	N/A	N/A	N/A

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
 NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
None	N/A	None	N/A

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (list all such pollutants below)

☒ NO (go to Item VI-B)

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☒ YES (identify the test(s) and describe their purposes below)

☐ NO (go to Section VIII)

Acute toxicity testing is done annually as required by current Discharge Permit VA0004677

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☐ NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
REIC (Research Environmental & Industrial Consultants, Inc)	PO Box 286, Beaver WV 25813	304-255-2500	Metals, Phenols, Volatile compounds, Cyanide, Acid compounds, Base/Neutral compounds, Pesticides.

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print)

Todd Shail, Plant Manager

B. PHONE NO. (area code & no.)

(540) 258-7471

C. SIGNATURE



D. DATE SIGNED

8/25/14

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)
VAD000018788

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

OUTFALL NO.
001

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT							3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)	36	31	N/A	N/A	N/A	N/A	14	mg/l	kg/d	N/A	N/A	N/A
b. Chemical Oxygen Demand (COD)	330	285	N/A	N/A	N/A	N/A	14	mg/l	kg/d	N/A	N/A	N/A
c. Total Organic Carbon (TOC)	11.8	N/A	N/A	N/A	N/A	N/A	1	mg/l	kg/d	N/A	N/A	N/A
d. Total Suspended Solids (TSS)	260	137	N/A	N/A	N/A	N/A	14	mg/l	kg/d	N/A	N/A	N/A
e. Ammonia (as N)	<QL	N/A	N/A	N/A	N/A	N/A	2	mg/l	kg/d	N/A	N/A	N/A
f. Flow	VALUE 0.417		VALUE 0.242		VALUE N/A		212	MGD	kg/d	VALUE N/A		N/A
g. Temperature (winter)	VALUE 20		VALUE 11		VALUE N/A		8	°C		VALUE N/A		N/A
h. Temperature (summer)	VALUE 27		VALUE 27		VALUE N/A		6	°C		VALUE N/A		N/A
i. pH	MINIMUM 6.7	MAXIMUM 7.1	MINIMUM 6.7	MAXIMUM 7.1			14	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-87-9)		X	N/A						0					
b. Chlorine, Total Residual	X		ND						52	mg/l				
c. Color	X		612						2	ADMI				
d. Fecal Coliform	X		95						1	cf/100ml				
e. Fluoride (18984-48-8)		X	N/A						0					
f. Nitrate-Nitrite (as N)	X		5.38						30	mg/l				

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (If available)	2. MARK "X"		3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (If available)		c. LONG TERM AVRG. VALUE (If available)		d. NO. OF ANALYSES	e. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
															(1) CONCENTRATION
g. Nitrogen, Total Organic (as N)	X		1.59	N/A					1	mg/l	kg/d				
h. Oil and Grease		X	N.D.	N/A					1	mg/l	kg/d				
i. Phosphorus (as P), Total (7723-14-0)	X		1.62	38					30	mg/l	LB/MO				
j. Radioactivity															
(1) Alpha, Total		X	N/A						0	mg/l	kd/d				
(2) Beta, Total		X	N/A						0	mg/l	kg/d				
(3) Radium, Total		X	N/A						0	mg/l	kg/d				
(4) Radium 226, Total		X	N/A						0	mg/l	kg/d				
k. Sulfate (as SO ₄) (14808-79-8)	X		28.6	N/A					1	mg/l	kg/d				
l. Sulfide (as S)	X		<QL	<QL					14	mg/l	kg/d				
m. Sulfite (as SO ₃) (14265-45-3)		X	N/A						0	mg/l	kg/d				
n. Surfactants		X	N/A						0	mg/l	kg/d				
o. Aluminum, Total (7429-90-5)	X		0.0529	N/A					1	mg/l	kg/d				
p. Barium, Total (7440-39-3)	X		0.0380	N/A					1	mg/l	kg/d				
q. Boron, Total (7440-42-8)	X		0.103	N/A					1	mg/l	kg/d				
r. Cobalt, Total (7440-48-4)	X		0.534	N/A					1	mg/l	kg/d				
s. Iron, Total (7439-89-8)	X		4.44	N/A					1	mg/l	kg/d				
t. Magnesium, Total (7439-95-4)	X		15.0	N/A					1	mg/l	kg/d				
u. Molybdenum, Total (7439-98-7)		X	N/A						0	mg/l	kg/d				
v. Manganese, Total (7439-98-5)	X		0.0368	N/A					1	mg/l	kg/d				
w. Tin, Total (7440-31-5)		X	N/A						0	mg/l	kg/d				
x. Titanium, Total (7440-32-8)		X	N/A						0	mg/l	kg/d				

EPA I.D. NUMBER (copy from Item 1 of Form 1)

OUTFALL NUMBER

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001

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
																(1) CONCENTRATION
METALS, CYANIDE, AND TOTAL PHENOLS																
1M. Antimony, Total (7440-36-0)	X		X	ND						1	mg/l	kg/d				
2M. Arsenic, Total (7440-38-2)	X		X	ND						1	mg/l	kg/d				
3M. Beryllium, Total (7440-41-7)	X		X	ND						1	mg/l	kg/d				
4M. Cadmium, Total (7440-43-0)	X		X	ND						1	mg/l	kg/d				
5M. Chromium, Total (7440-47-3)	X	X		0.25	0.27					14	mg/l	kg/d				
6M. Copper, Total (7440-50-8)	X	X		0.0705						1	mg/l	kg/d				
7M. Lead, Total (7439-92-1)	X		X	ND						1	mg/l	kg/d				
8M. Mercury, Total (7439-97-6)	X		X	ND						1	mg/l	kg/d				
9M. Nickel, Total (7440-02-0)	X		X	ND						1	mg/l	kg/d				
10M. Selenium, Total (7782-49-2)	X		X	ND						1	mg/l	kg/d				
11M. Silver, Total (7440-22-4)	X		X	ND						1	mg/l	kg/d				
12M. Thallium, Total (7440-28-0)	X		X	ND						1	mg/l	kg/d				
13M. Zinc, Total (7440-66-6)	X		X	ND						1	mg/l	kg/d				
14M. Cyanide, Total (57-12-5)	X		X	ND						1	mg/l	kg/d				
15M. Phenols, Total	X	X		0.090	0.085					14	mg/l	kg/d				
DIOXIN																
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1784-01-6)			X	DESCRIBE RESULTS												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)						
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES				
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS					
GC/MS FRACTION - VOLATILE COMPOUNDS																			
1V. Acrolein (107-02-8)	X		X	ND						1	mg/l	kg/d							
2V. Acrylonitrile (107-13-1)	X		X	ND						1	mg/l	kg/d							
3V. Benzene (71-43-2)	X		X	ND						1	mg/l	kg/d							
4V. Bis (Chloro- methyl) Ether (542-88-1)	X		X	ND						1	mg/l	kg/d							
5V. Bromoform (75-25-2)	X		X	ND						1	mg/l	kg/d							
6V. Carbon Tetrachloride (56-23-5)	X		X	ND						1	mg/l	kg/d							
7V. Chlorobenzene (108-90-7)	X		X	ND						1	mg/l	kg/d							
8V. Chlorodibromomethane (124-48-1)	X		X	ND						1	mg/l	kg/d							
9V. Chloroethane (75-00-3)	X		X	ND						1	mg/l	kg/d							
10V. 2-Chloro- ethylvinyl Ether (110-75-8)	X		X	ND						1	mg/l	kg/d							
11V. Chloroform (67-66-3)	X		X	ND						1	mg/l	kg/d							
12V. Dichlorobromomethane (75-27-4)	X		X	ND						1	mg/l	kg/d							
13V. Dichlorodifluoromethane (75-71-8)	X		X	ND						1	mg/l	kg/d							
14V. 1,1-Dichloroethane (75-34-3)	X		X	ND						1	mg/l	kg/d							
15V. 1,2-Dichloroethane (107-06-2)	X		X	ND						1	mg/l	kg/d							
16V. 1,1-Dichloroethylene (75-35-4)	X		X	ND						1	mg/l	kg/d							
17V. 1,2-Dichloropropane (78-87-5)	X		X	ND						1	mg/l	kg/d							
18V. 1,3-Dichloropropylene (542-75-6)	X		X	ND						1	mg/l	kg/d							
19V. Ethylbenzene (100-41-4)	X		X	ND						1	mg/l	kg/d							
20V. Methyl Bromide (74-83-9)	X		X	ND						1	mg/l	kg/d							
21V. Methyl Chloride (74-87-3)	X		X	ND						1	mg/l	kg/d							

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
																(1) CONCENTRATION
GC/MS FRACTION - VOLATILE COMPOUNDS (continued)																
22V. Methylene Chloride (75-09-2)	X		X	ND						1	mg/l	kg/d				
23V. 1,1,2,2-Tetrachloroethane (78-34-5)	X		X	ND						1	mg/l	kg/d				
24V. Tetrachloroethylene (127-18-4)	X		X	ND						1	mg/l	kg/d				
25V. Toluene (108-88-3)	X		X	ND						1	mg/l	kg/d				
26V. 1,2-Trans-Dichloroethylene (156-60-5)	X		X	ND						1	mg/l	kg/d				
27V. 1,1,1-Trichloroethane (71-55-8)	X		X	ND						1	mg/l	kg/d				
28V. 1,1,2-Trichloroethane (78-00-5)	X		X	ND						1	mg/l	kg/d				
29V. Trichloroethylene (79-01-6)	X		X	ND						1	mg/l	kg/d				
30V. Trichlorofluoromethane (75-69-4)	X		X	ND						1	mg/l	kg/d				
31V. Vinyl Chloride (75-01-4)	X		X	ND						1	mg/l	kg/d				
GC/MS FRACTION - ACID COMPOUNDS																
1A. 2-Chlorophenol (85-57-8)	X		X	ND						1	mg/l	kg/d				
2A. 2,4-Dichlorophenol (120-83-2)	X		X	ND						1	mg/l	kg/d				
3A. 2,4-Dimethylphenol (105-87-9)	X		X	ND						1	mg/l	kg/d				
4A. 4,6-Dinitro-O-Cresol (534-52-1)	X		X	ND						1	mg/l	kg/d				
5A. 2,4-Dinitrophenol (51-28-5)	X		X	ND						1	mg/l	kg/d				
6A. 2-Nitrophenol (88-75-5)	X		X	ND						1	mg/l	kg/d				
7A. 4-Nitrophenol (100-02-7)	X		X	ND						1	mg/l	kg/d				
8A. P-Chloro-M-Cresol (59-50-7)	X		X	ND						1	mg/l	kg/d				
9A. Pentachlorophenol (87-86-5)	X		X	ND						1	mg/l	kg/d				
10A. Phenol (108-95-2)	X		X	ND						1	mg/l	kg/d				
11A. 2,4,6-Trichlorophenol (88-05-2)	X		X	ND						1	mg/l	kg/d				

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)	X		X	ND						1	mg/l	kg/d			
2B. Acenaphthylene (208-98-8)	X		X	ND						1	mg/l	kg/d			
3B. Anthracene (120-12-7)	X		X	ND						1	mg/l	kg/d			
4B. Benzidine (92-87-5)	X		X	ND						1	mg/l	kg/d			
5B. Benzo (a) Anthracene (56-55-3)	X		X	ND						1	mg/l	kg/d			
6B. Benzo (a) Pyrene (50-32-8)	X		X	ND						1	mg/l	kg/d			
7B. 3,4-Benzo- fluoranthene (205-99-2)	X		X	ND						1	mg/l	kg/d			
8B. Benzo (ghi) Perylene (191-24-2)	X		X	ND						1	mg/l	kg/d			
9B. Benzo (k) Fluoranthene (207-08-9)	X		X	ND						1	mg/l	kg/d			
10B. Bis (2-Chloro- ethoxy) Methane (111-91-1)	X		X	ND						1	mg/l	kg/d			
11B. Bis (2-Chloro- ethyl) Ether (111-44-4)	X		X	ND						1	mg/l	kg/d			
12B. Bis (2- Chloroisopropyl) Ether (102-80-1)	X		X	ND						1	mg/l	kg/d			
13B. Bis (2-Ethyl- hexyl) Phthalate (117-81-7)	X		X	ND						1	mg/l	kg/d			
14B. 4-Bromophenyl Phenyl Ether (101-55-3)	X		X	ND						1	mg/l	kg/d			
15B. Butyl Benzyl Phthalate (85-68-7)	X		X	ND						1	mg/l	kg/d			
16B. 2-Chloro- naphthalene (91-58-7)	X		X	ND						1	mg/l	kg/d			
17B. 4-Chloro- phenyl Phenyl Ether (7005-72-3)	X		X	ND						1	mg/l	kg/d			
18B. Chrysene (218-01-9)	X		X	ND						1	mg/l	kg/d			
19B. Dibenzo (a,h) Anthracene (53-70-3)	X		X	ND						1	mg/l	kg/d			
20B. 1,2-Dichloro- benzene (85-50-1)	X		X	ND						1	mg/l	kg/d			
21B. 1,3-Di-chloro- benzene (541-73-1)	X		X	ND						1	mg/l	kg/d			

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)																
22B. 1,4-Dichloro- benzene (106-46-7)	X		X	ND						1	mg/l	kg/d				
23B. 3,3-Dichloro- benzidine (91-94-1)	X		X	ND						1	mg/l	kg/d				
24B. Diethyl Phthalate (84-68-2)	X		X	ND						1	mg/l	kg/d				
25B. Dimethyl Phthalate (131-11-3)	X		X	ND						1	mg/l	kg/d				
26B. Di-N-Butyl Phthalate (84-74-2)	X		X	ND						1	mg/l	kg/d				
27B. 2,4-Dinitro- toluene (121-14-2)	X		X	ND						1	mg/l	kg/d				
28B. 2,6-Dinitro- toluene (806-20-2)	X		X	ND						1	mg/l	kg/d				
29B. Di-N-Octyl Phthalate (117-84-0)	X		X	ND						1	mg/l	kg/d				
30B. 1,2-Diphenyl- hydrazine (as Azo- benzene) (122-66-7)	X		X	ND						1	mg/l	kg/d				
31B. Fluoranthene (206-44-0)	X		X	ND						1	mg/l	kg/d				
32B. Fluorene (86-73-7)	X		X	ND						1	mg/l	kg/d				
33B. Hexachloro- benzene (118-74-1)	X		X	ND						1	mg/l	kg/d				
34B. Hexachloro- butadiene (87-68-3)	X		X	ND						1	mg/l	kg/d				
35B. Hexachloro- cyclopentadiene (77-47-4)	X		X	ND						1	mg/l	kg/d				
36B. Hexachloro- ethane (67-72-1)	X		X	ND						1	mg/l	kg/d				
37B. Indeno (1,2,3-cd) Pyrene (183-39-5)	X		X	ND						1	mg/l	kg/d				
38B. Isophorone (78-59-1)	X		X	ND						1	mg/l	kg/d				
39B. Naphthalene (91-20-3)	X		X	ND						1	mg/l	kg/d				
40B. Nitrobenzene (98-95-3)	X		X	ND						1	mg/l	kg/d				
41B. N-Nitro- sodimethylamine (62-75-9)	X		X	ND						1	mg/l	kg/d				
42B. N-Nitrosodi- N-Propylamine (621-64-7)	X		X	ND						1	mg/l	kg/d				

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)																
43B. N-Nitrosodiphenylamine (86-30-6)	X		X	ND						1	mg/l	kg/d				
44B. Phenanthrene (85-01-8)	X		X	ND						1	mg/l	kg/d				
45B. Pyrene (129-00-0)	X		X	ND						1	mg/l	kg/d				
46B. 1,2,4-Trichlorobenzene (120-82-1)	X		X	ND						1	mg/l	kg/d				
GC/MS FRACTION:– PESTICIDES																
1P. Aldrin (309-00-2)	X		X	ND						1	mg/l	kg/d				
2P. α-BHC (319-84-6)	X		X	ND						1	mg/l	kg/d				
3P. β-BHC (319-85-7)	X		X	ND						1	mg/l	kg/d				
4P. γ-BHC (58-89-9)	X		X	ND						1	mg/l	kg/d				
5P. δ-BHC (319-86-8)	X		X	ND						1	mg/l	kg/d				
6P. Chlordane (57-74-9)	X		X	ND						1	mg/l	kg/d				
7P. 4,4'-DDT (50-29-3)	X		X	ND						1	mg/l	kg/d				
8P. 4,4'-DDE (72-55-9)	X		X	ND						1	mg/l	kg/d				
9P. 4,4'-DDD (72-54-8)	X		X	ND						1	mg/l	kg/d				
10P. Dieldrin (60-57-1)	X		X	ND						1	mg/l	kg/d				
11P. α-Endosulfan (115-29-7)	X		X	ND						1	mg/l	kg/d				
12P. β-Endosulfan (115-29-7)	X		X	ND						1	mg/l	kg/d				
13P. Endosulfan Sulfate (1031-07-8)	X		X	ND						1	mg/l	kg/d				
14P. Endrin (72-20-8)	X		X	ND						1	mg/l	kg/d				
15P. Endrin Aldehyde (7421-83-4)	X		X	ND						1	mg/l	kg/d				
16P. Heptachlor (76-44-8)	X		X	ND						1	mg/l	kg/d				

EPA I.D. NUMBER (copy from Item 1. of Form 1)

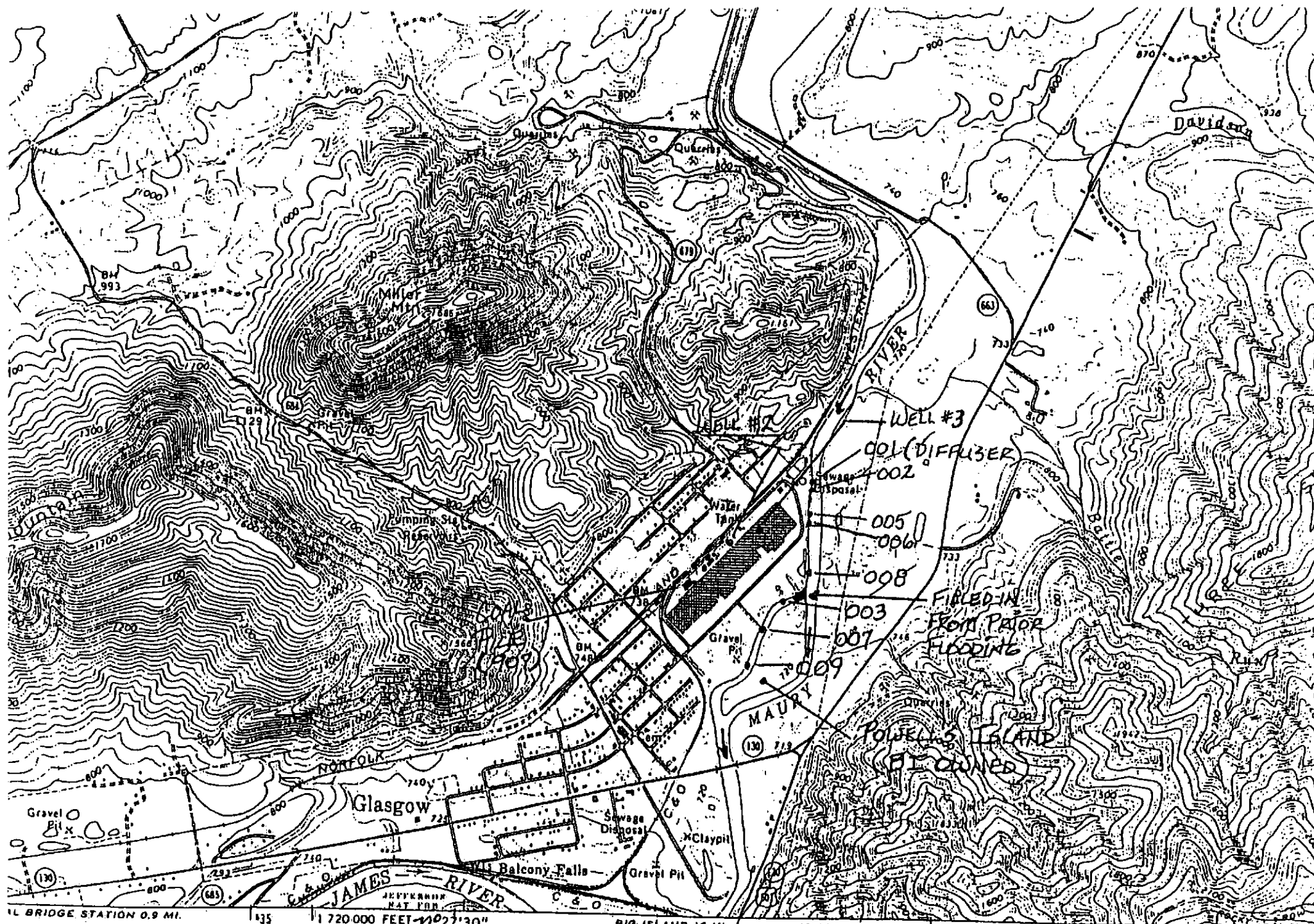
OUTFALL NUMBER

VAD000018788

001

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)	X		X	ND						1	mg/l	kg/d			
18P. PCB-1242 (53469-21-9)	X		X	ND						1	mg/l	kg/d			
19P. PCB-1254 (11097-69-1)	X		X	ND						1	mg/l	kg/d			
20P. PCB-1221 (11104-28-2)	X		X	ND						1	mg/l	kg/d			
21P. PCB-1232 (11141-16-5)	X		X	ND						1	mg/l	kg/d			
22P. PCB-1248 (12672-29-6)	X		X	ND						1	mg/l	kg/d			
23P. PCB-1260 (11096-82-5)	X		X	ND						1	mg/l	kg/d			
24P. PCB-1016 (12674-11-2)	X		X	ND						1	mg/l	kg/d			
25P. Toxaphene (8001-35-2)	X		X	ND						1	mg/l	kg/d			



ological Survey

aerial

720 000 FEET 79° 27' 30"

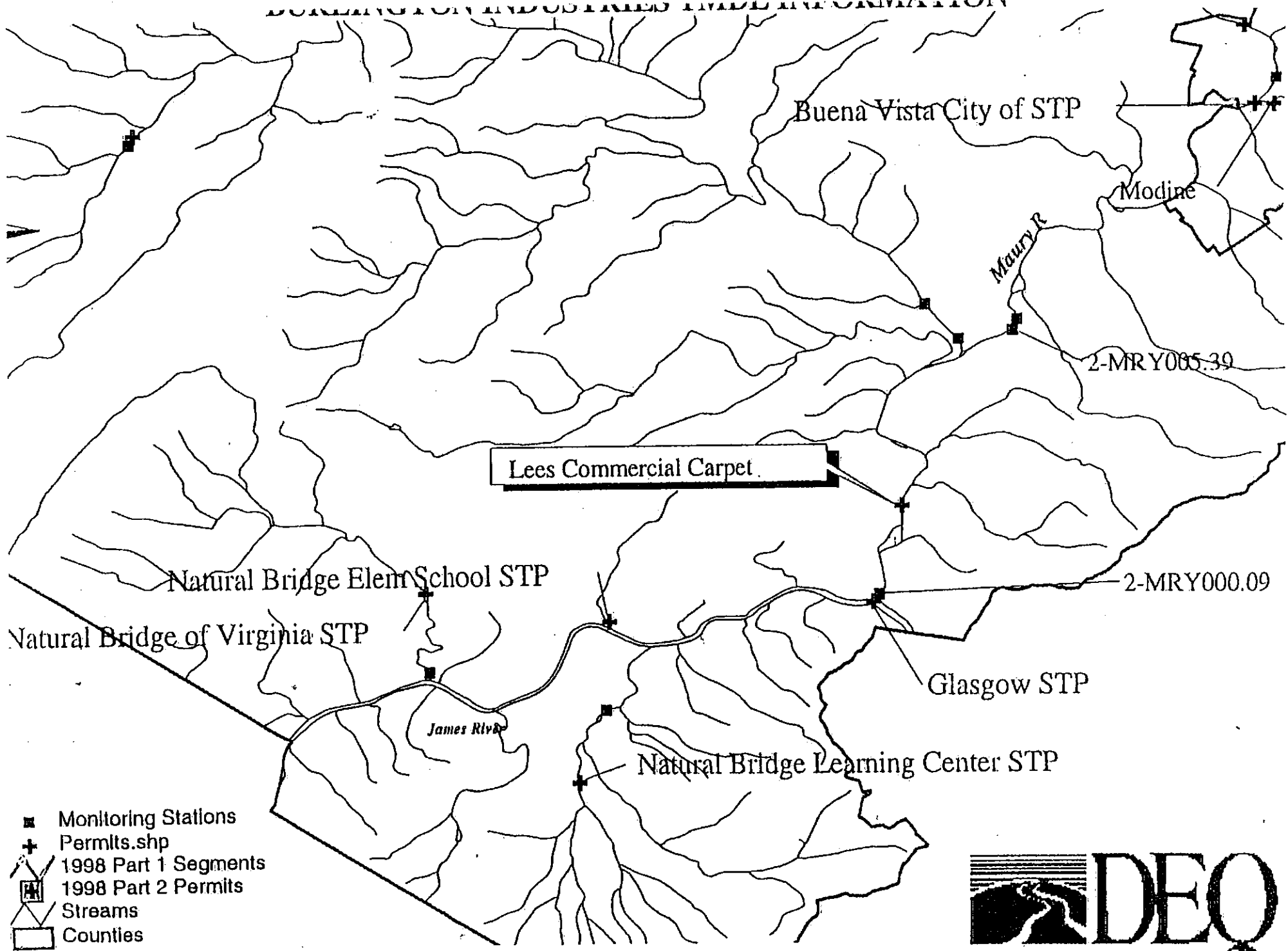
BIG ISLAND 10 MI.
LYNCHBURG 29 MI.

(SNOWDEN)
5139 III SW

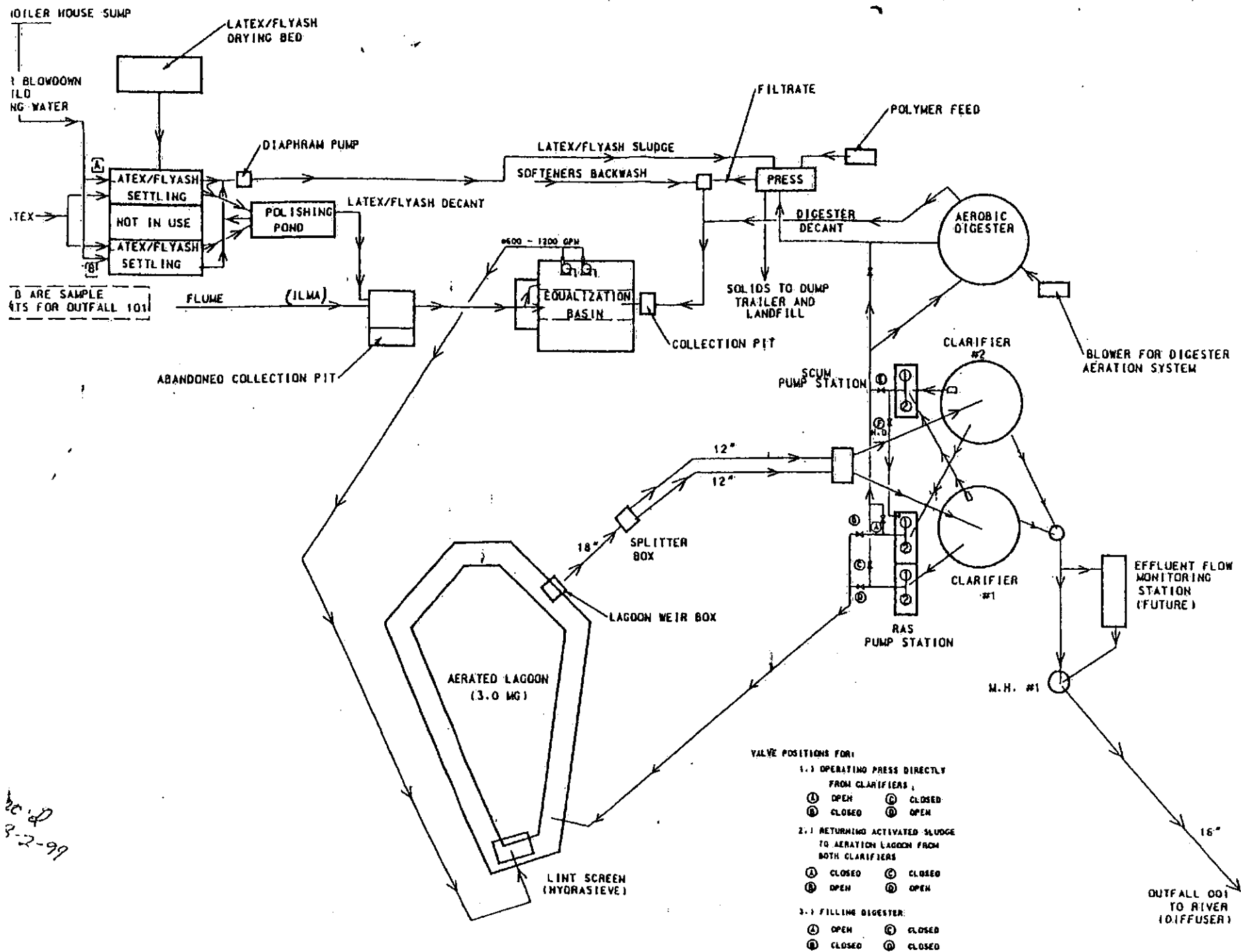
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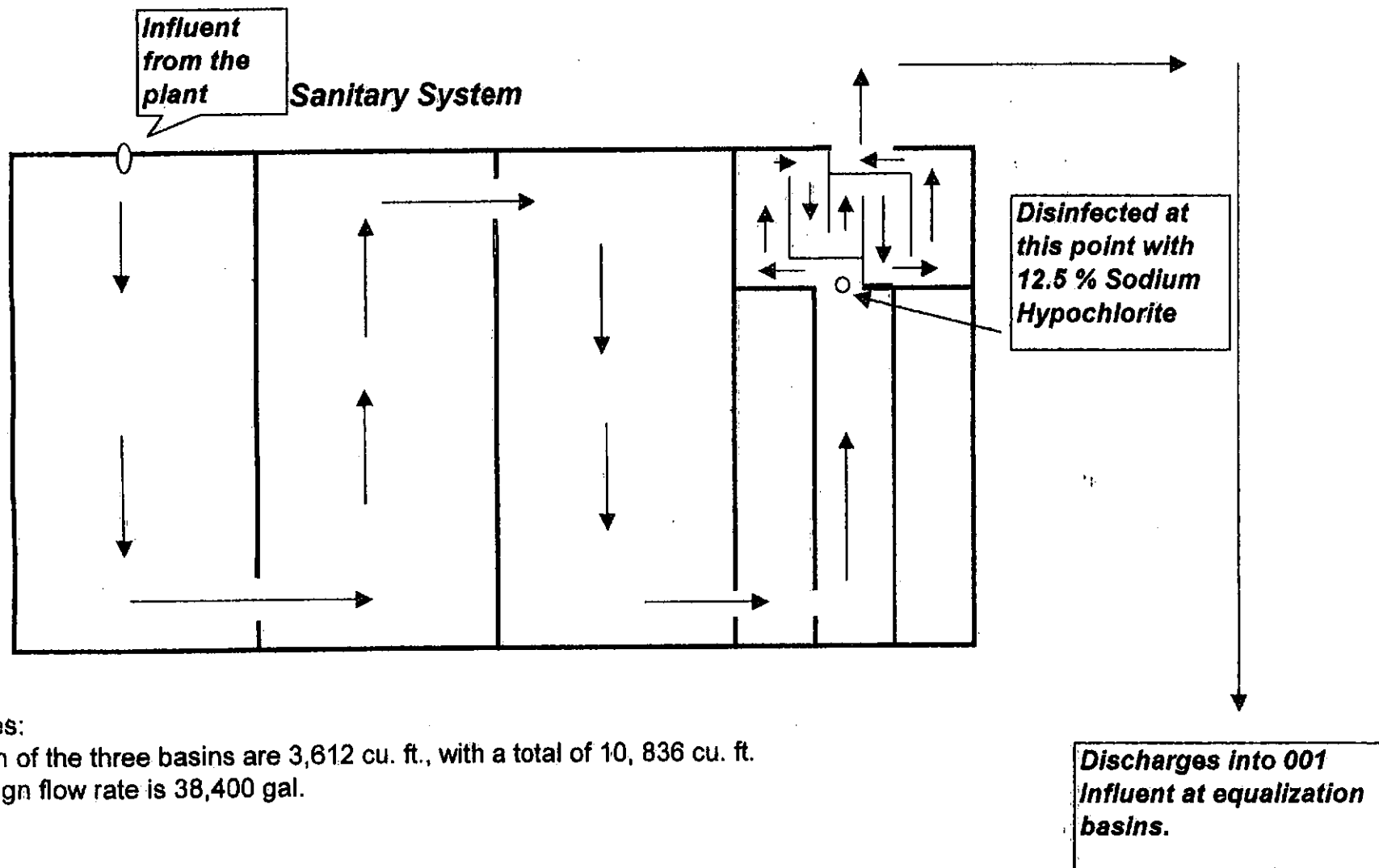


LEES CARPET - DIVISION OF MOHAWK INDUSTRIES INDUSTRIAL WWTP



8-2-99

Lees Carpets Sanitary Waste System Diagram



Notes:
 Each of the three basins are 3,612 cu. ft., with a total of 10, 836 cu. ft.
 Design flow rate is 38,400 gal.

Attachment A

Lab Results

FACILITY NAME: Lees Carpets
ADDRESS: 404 Anderson Street
Glasgow, VA 24555

Permit No. VA0004677
Attachment A
Page 1 of 1

DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER QUALITY MONITORING

OUTFALL NO. 001

CASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL ⁽¹⁾	REPORTING RESULTS	SAMPLE TYPE ⁽²⁾	SAMPLE FREQUENCY
PESTICIDES/PCBS						
72-54-8	DDD	608	0.1	N.D.	G or C	1/5 YR
333-41-5	Diazinon	(3)	(4)	N.D.	G or C	1/5 YR
ACID EXTRACTABLES ⁽⁵⁾						
104-40-51	Nonylphenol	(3)	(4)	N.D.	G or C	1/5 YR

Todd Shail, Plant Manager

Name of Principal Exec. Officer or Authorized Agent/Title

 8/25/14

Signature of Principal Officer or Authorized Agent/Date

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. Sec. 1001 and 33 U.S.C. Sec. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

FACILITY NAME: Lees Carpets
ADDRESS: 404 Anderson Street
Glasgow, VA 24555

Permit No. VA0004677
Attachment A
Footnotes

Footnotes to Water Quality Monitoring Attachment A

- (1) Quantification level (QL) is defined as the lowest concentration used for the calibration of a measurement system when the calibration is in accordance with the procedures published for the required method.

The quantification levels indicated for the metals are actually Specific Target Values developed for this permit. The Specific Target Value is the approximate value that may initiate a wasteload allocation analysis. Target values are not wasteload allocations or effluent limitations. The Specific Target Values are subject to change based on additional information such as hardness data, receiving stream flow, and design flows.

Units for the quantification level are micrograms/liter unless otherwise specified.

Quality control and quality assurance information shall be submitted to document that the required quantification level has been attained.

- (2) Sample Type

G = Grab = An individual sample collected in less than 15 minutes. Substances specified with "grab" sample type shall only be collected as grabs. The permittee may analyze multiple grabs and report the average results provided that the individual grab results are also reported. For grab metals samples, the individual samples shall be filtered and preserved immediately upon collection.

C = Composite = A 24-hour composite unless otherwise specified. The composite shall be a combination of individual samples, taken proportional to flow, obtained at hourly or smaller time intervals. The individual samples may be of equal volume for flows that do not vary by +/- 10 percent over a 24-hour period.

- (3) Any approved method presented in 40 CFR Part 136.
- (4) The QL is at the discretion of the permittee. For any substances addressed in 40 CFR Part 136, the permittee shall use one of the approved methods in 40 CFR Part 136.
- (5) Testing for phenols requires continuous extraction.



Improving the environment, one client at a time...

REI Consultants, Inc.
PO Box 286
Beaver, WV 25813
TEL: 304.255.2500
Website: www.reiclabs.com

3029-C Peters Creek Road
Roanoke, VA 24019
TEL: 540.777.1276

101 17th Street
Ashland, KY 41101
TEL: 606.393.5027

1557 Commerce Road, Suite 201
Verona, VA 24482
TEL: 540.248.0183

16 Commerce Drive
Westover, WV 26501
TEL: 304.241.5861

Thursday, August 14, 2014

Mr. Stephen Chesnut
LEES CARPETS
404 ANDERSON ST
GLASGOW, VA 24555

TEL: (540) 258-2811
FAX: (540) 258-1634

RE: ATTACHMENT A
Work Order #: 1408508

Dear Mr. Stephen Chesnut:

REI Consultants, Inc. received 1 sample(s) on 8/5/2014 for the analyses presented in the following report.
Sincerely,

Scott Gross
Project Manager



Client: LEES CARPETS
Project: ATTACHMENT A

The analytical results presented in this report were produced using documented laboratory SOPs that incorporate appropriate quality control procedures as described in the applicable methods. Verification of required sample preservation (as required) is recorded on associated laboratory logs. Any deviation from compliance or method modification is identified within the body of this report by a qualifier footnote which is defined at the bottom of this page.

All sample results for solid samples are reported on an "as-received" wet weight basis unless otherwise noted.

Results reported for sums of individual parameters, such as TTHM and HAA5, may vary slightly from the sum of the individual parameter results, due to rounding of individual results, as required by EPA.

The test results in this report meet all NELAP (and/or VELAP) requirements for parameters except as noted in this report.

Please note if the sample collection time is not provided on the Chain of Custody, the default recording will be 0:00:00. This may cause some tests to be apparently analyzed out of hold.

All tests performed by REIC Service Centers are designated by an annotation on the test code. All other tests were performed by REIC's Main Laboratory in Beaver, WV.

This report may not be reproduced, except in full, without the written approval of REIC.

DEFINITIONS:

MCL: Maximum Contaminant Level

MDL: Method Detection Limit; The lowest concentration of analyte that can be detected by the method in the applicable matrix.

Mg/Kg or mg/L: Units of part per million (PPM) - milligram per Kilogram (weight/weight) or milligram per Liter (weight/volume).

NA: Not Applicable

ND: Not Detected at the PQL or MDL

PQL: Practical Quantitation Limit; The lowest verified limit to which data is quantified without qualifications. Analyte concentrations below PQL are reported either as ND or as a number with a "J" qualifier.

Qual: Qualifier that applies to the analyte reported.

TIC: Tentatively Identified Compound, Estimated Concentration denoted by "J" qualifier.

Ug/Kg or ug/L: Units of part per billion (PPB) - microgram per kilogram (weight/weight) or microgram per liter (weight/volume).

QUALIFIERS:

*: Reported value exceeds required MCL

B: Analyte detected in the associated Method Blank at a concentration > 1/2 the PQL

E: Analyte concentration reported that exceeds the upper calibration standard. Greater uncertainty is associated with this result and data should be consider estimated.

H: Holding time for preparation or analysis has been exceeded.

J: Analyte concentration is reported, and is less than the PQL and greater than or equal to the MDL. The result reported is an estimate.

S: % REC (% recovery) exceeds control limits

CERTIFICATIONS:

Beaver, WV: WVDHHR 00412CM, WVDEP 060, VADCLS 00281, KYDEP 90039, TNDEQ TN02926, NCDWQ 466, PADEP 68-00839, VADCLS (VELAP) 460148

Bioassay (Beaver, WV): WVDEP 060, VADCLS(VELAP) 460148, PADEP 68-00839

Roanoke, VA: VADCLS(VELAP) 460150

Verona, VA: VADCLS(VELAP) 460151

Ashland, KY: KYDEP 00094, WV 389

Morgantown, WV: WVDHHR 003112M, WVDEP 387

REI Consultants, Inc. - Analytical Report

WO#: 1408508

Date Reported: 8/14/2014

Client: LEES CARPETS
Project: ATTACHMENT A
Lab ID: 1408508-01A
Client Sample ID: 001 EFF

Collection Date: 8/5/2014 10:00:00 AM
Date Received: 8/5/2014
Matrix: Waste Water
Site ID: VA0004677

Analysis	Result	PQL	MCL	Qual	Units	PrepDate	Date Analyzed
PESTICIDES/PCBS	Method: EPA 608		SW3510B		Analyst: NC		
4,4'-DDD	ND	0.00039	NA		mg/L	8/9/2014 8:42 AM	8/10/2014 12:49 AM
Surr: tetrachloro-m-xylene	93.0	19.49-15	NA		%REC	8/9/2014 8:42 AM	8/10/2014 12:49 AM

Notes:

Insufficient sample was available to prepare and analyze a matrix spiked quality control sample. Accuracy assessment was based on a lab control sample.

SEMIVOLATILE ORGANIC COMPOUNDS	Method: EPA 625 (1982)		SW3510		Analyst: JD		
Diazinon	ND	0.0084	NA		mg/L	8/11/2014 8:43 AM	8/14/2014 3:50 AM
Nonylphenol	ND	0.0084	NA		mg/L	8/11/2014 8:43 AM	8/14/2014 3:50 AM
Surr: 2-Fluorophenol	38.3	25.9-110	NA		%REC	8/11/2014 8:43 AM	8/13/2014 4:46 AM
Surr: Phenol-d5	27.7	8.2-110	NA		%REC	8/11/2014 8:43 AM	8/13/2014 4:46 AM
Surr: 2,4,6-Tribromophenol	84.0	61.7-110	NA		%REC	8/11/2014 8:43 AM	8/13/2014 4:46 AM
Surr: Nitrobenzene-d5	99.5	62.2-110	NA		%REC	8/11/2014 8:43 AM	8/13/2014 4:46 AM
Surr: 2-Fluorobiphenyl	83.7	54.6-110	NA		%REC	8/11/2014 8:43 AM	8/13/2014 4:46 AM
Surr: 4-Terphenyl-d14	82.1	10.7-110	NA		%REC	8/11/2014 8:43 AM	8/13/2014 4:46 AM

OIL and GREASE	Method: EPA 1664 Rev. A		Analyst: KS	
Oil & Grease	ND	5.0	NA	mg/L
				8/8/2014 8:35 AM

TOTAL DISSOLVED SOLIDS	Method: SM2540 C-1997		Analyst: MM	
Total Dissolved Solids	1,340	10	NA	mg/L
				8/7/2014 9:31 PM

VPDES Sewage Sludge Permit Application Form

VPDES Sewage Sludge Permit Application for Permit Reissuance

Instructions

WHO MUST SUBMIT THE APPLICATION - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application.

Part 1 is general information to be provided by all facilities.

Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied.

Part 3 must be completed by all facilities that land apply Class B biosolids.

Part 1 - Sludge Disposal Management (To be completed by all facilities)

Facility Name: Mohawk Industries

VPDES Permit No: VA0004677

1. Shipment Off Site for Treatment or Blending

Is sewage sludge from your facility sent to another facility that provides treatment or blending?

☐ Yes ☒ No

If you send sewage sludge to more than one facility, attach additional sheets as necessary.

Shipment off site is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Receiving Facility Name

N/A

b. Receiving Facility VPDES Permit No.

N/A

c. Include an acceptance letter from the Receiving Facility.

d. Receiving Facility's ultimate disposal method for sewage sludge N/A

2. Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed in a municipal solid waste landfill?

☒ Yes ☐ No

If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

Landfilling is: ☒ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Landfill Name

Maplewood Recycling and Waste Disposal Facility

b. Landfill Permit No.

540

c. Include an acceptance letter from the landfill.

3. Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator?

☐ Yes ☒ No

Incineration is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?

☐ Yes ☒ No

If yes, provide the Air Registration No. N/A

If no, complete items b - d for each incinerator that you do not own or operate.

b. Facility Name

N/A

c. Air Registration No.

N/A

d. Include an acceptance letter from the Incinerator.

4. Class A Biosolids

Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2.

☐ Yes ☒ No

Are Class A biosolids from your facility land applied in bulk?

☐ Yes ☒ No

Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the VDACS certification number? N/A

☐ Yes ☒ No

5. Class B Biosolids

Do you produce Class B biosolids? If yes, complete Part 2.

☐ Yes ☒ No

Are Class B biosolids from your facility land applied under the authorization of this VPDES Permit? If yes, complete Part 3.

☐ Yes ☒ No

6. Land Application Under a Separate Permit

Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit?

☐ Yes ☒ No

Biosolids are land applied under the authorization of a ☐ VPA permit ☐ Another VPDES Permit ☐ Out of State

Complete items a - c for each VPA permit authorized to land apply biosolids from your facility.

a. Permittee Name

N/A

N/A

b. Permit No.

N/A

N/A

c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of 9VAC25-31-530 F.

VPDES Sewage Sludge Permit Application for Permit Reissuance

Part 2 – Biosolids Characterization (To be completed by all facilities that generate biosolids that are land applied.)

1. Have there been changes to sludge treatment processes or storage facilities since the previous permit issuance/reissuance? ☐ Yes ☒ No
2. Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements in 9VAC25-31-710 A 3 through A 8 or Class B pathogen requirements in 9VAC25-31-710 B 1 through B 4? ☐ Yes ☒ No
Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and provide the data that demonstrate compliance with the applicable alternative. N/A
3. Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9VAC25-31-720 B 1 through B 10? ☐ Yes ☐ No
Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions requirements and provide the data that demonstrate compliance with the applicable alternative. N/A
4. Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9VAC25-31-540 B? ☐ Yes ☐ No
5. Has data from the most recent 3 samples for pH (S.U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg), Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as CaCO₃ (mg/kg), Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4½ years old and each sampling date shall be at least 1 month apart. ☐ Yes ☐ No

If no, provide the data with this application.

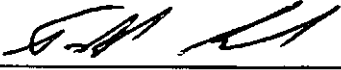
Part 3 – Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B biosolids.)

1. Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Evidence of financial responsibility shall be provided in accordance with 9VAC25-31-100 P 9.
2. For each site, provide a properly completed landowner agreement for each landowner, using the most current Land Application Agreement - Biosolids Form (VPDES Sewage Sludge Permit Application Form – Attachment to Section C).
3. Are any new land application fields proposed at this reissuance? ☐ Yes ☐ No
If yes, contact the DEQ Regional Office for additional submittal requirements.
4. For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate. ☐ Yes ☐ No
If no, contact the DEQ Regional Office for additional submittal requirements.
5. Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information? ☐ Yes ☐ No
 - a. An odor control plan that addresses the abatement of odors resulting from the storage and/or land application of biosolids.
 - b. A description of the transport vehicles to be used.
 - c. Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle cleaning), field reclamation, and emergency notification and cleanup measures.
 - d. A description of the land application equipment including procedures for calibrating equipment to ensure uniform distribution and appropriate loading rates.
 - e. Procedures used to ensure that land application activities address notification requirements, signage requirements, slope restrictions, operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site restrictions.
 - f. Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES Permit Regulation (9VAC25-31-420 through 720).

Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

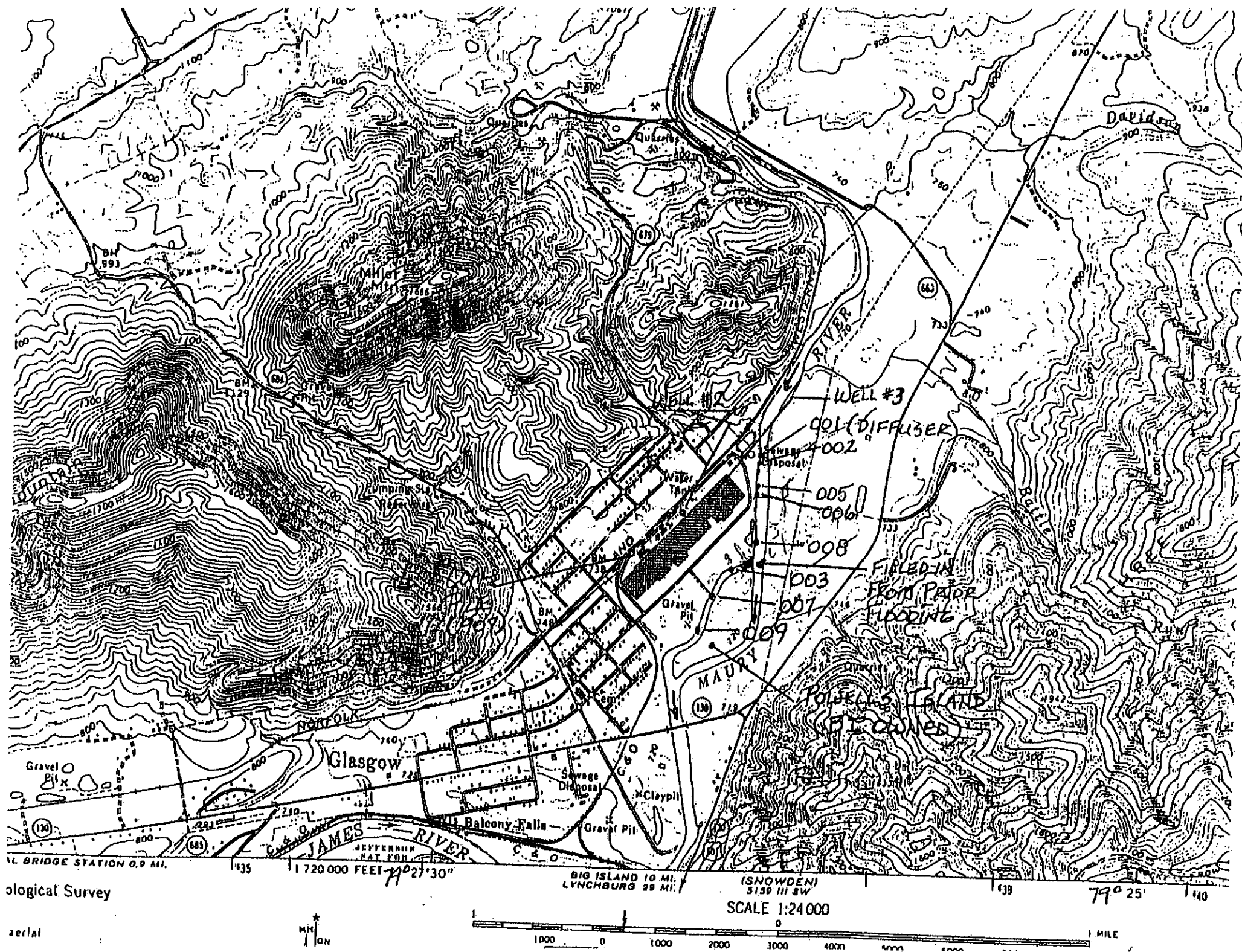
Name and Official Title Todd Shail, Plant Manager

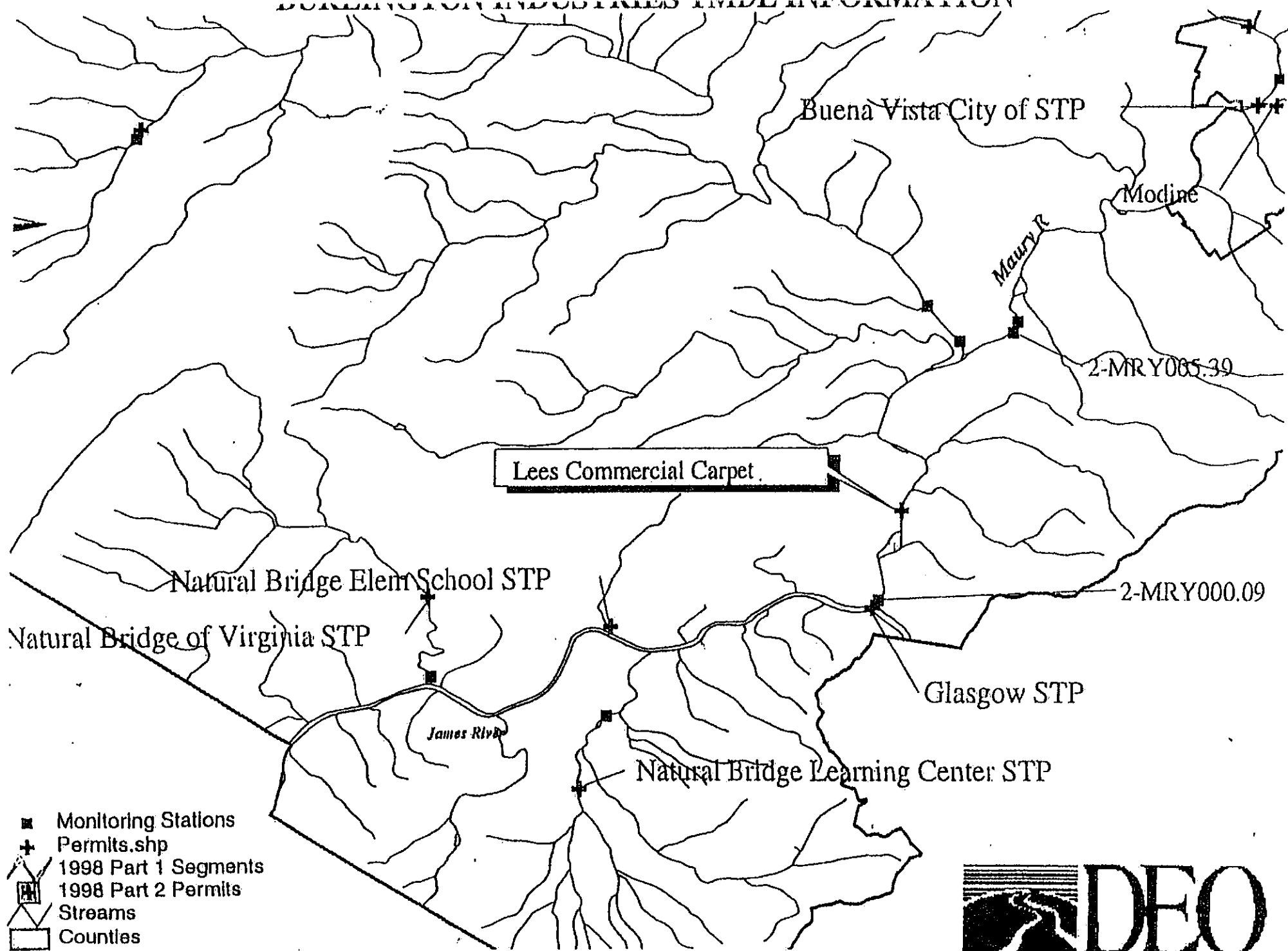
Signature 

Telephone number / Email (540) 258-7471 / todd_shail@mohawkind.com

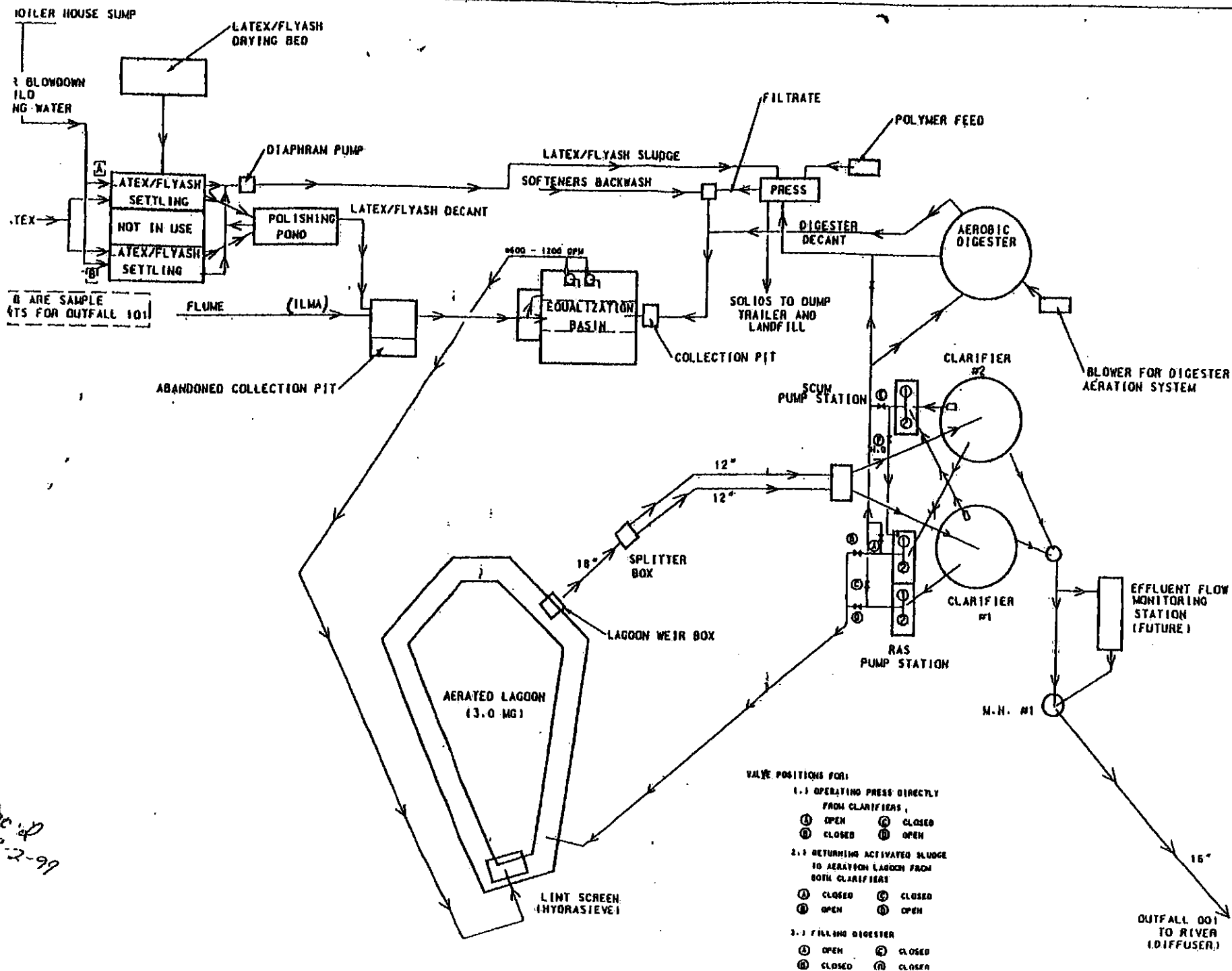
Date signed 8/25/14

(Based on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements.)





11:11:27





COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

L. Preston Bryant, Jr.
Secretary of Natural Resources

PIEDMONT REGIONAL OFFICE
4949-A Cox Road, Glen Allen, Virginia 23060
(804) 527-5020 Fax (804) 527-5106
www.deq.virginia.gov

David K. Paylor
Director

SOLID WASTE FACILITY PERMIT PERMIT NUMBER 540

Facility Name: Maplewood Recycling and Waste Disposal Facility

Facility Type: Sanitary Landfill

Latitude: 39°18'40"N

Site Location: Amelia County, Virginia

Longitude: 78°18'40"W

Location Description: The facility is situated on Route 640, approximately 37 miles west of Richmond and 5 miles west of the Township of Amelia adjacent to State Route 360.

Background: The facility is to serve as a sanitary landfill and accepts certain waste from municipalities within and outside the State of Virginia. Waste will be transported to the facility by either road or rail. The facility is comprised of 794.22 acres owned by Waste Management of Virginia, Inc., of which approximately 404 acres is designated as waste disposal area. The waste accepted will conform to those wastes listed in the section titled "Type of Wastes" located in Permit Module II and its attachments. For the bioreactor landfill area, the waste accepted will conform to the wastes listed in the Permit Module IIA and its attachments.

Permit Limits: The facility has a maximum daily intake rate of 5,000 tons per day.

Permit Highlights: The landfill will be developed in 34 cells and has a total design capacity of 43,000,000 cubic yards. The landfill incorporates an approved alternate liner system consisting of the following components, from lower to upper elements: 18 inches of compacted clay liner with a minimum hydraulic permeability of 1×10^{-5} cm/sec; a geocomposite clay liner (GCL); a 60-mil HDPE geomembrane; a geonet drainage layer (secondary leachate collection layer); and a 60-mil HDPE geomembrane. The final cover system consists of the following components, from lower to upper: 18 inch barrier soil layer (minimum hydraulic permeability of 1×10^{-5} cm/sec); 40-mil geomembrane; double-sided

geocomposite drainage layer; 18 inches of protective cover soil; and six inches of vegetative support soil.

This permit is based on the modular concept to assure completeness and consistency of the documents. It includes several permit modules which specify general permit conditions and facility requirements and provide for appropriate design, operation, maintenance, closure, post-closure, and monitoring of the solid waste management facility permitted herein below. Various attachments further describe the approved plans for the design and operation of the facility. This permit contains a variance to the liner system design as required by 9 VAC 20-80-250.B.9 of VSWMR. For the bioreactor landfill area, there are two additional variances that allow the recirculation of leachate on the alternate liner and the addition of bulk liquids, including collected stormwater runoff (see below).

Permit Amendments: This is the fourteenth amendment of Permit Number 540, which was originally issued on June 12, 1992. This permit amendment is to resequence the development of the landfill phases (Cells) for constructing Phase 5 and subsequently Phases 7A, 8A, and 9A as a monofill area for Coal Combustion By-product (CCB) containing Flue Gas Desulfurization (FGD) materials and to install a new 100,000 gallon capacity leachate storage tank for the monofill area. The main purpose of the monofill is to provide complete segregation of the CCB/FGD materials from other organic wastes including municipal solid waste.

Variances: In conjunction with this permit amendment, Waste Management of Virginia, Inc. submitted two variance petitions. Whereas the VSWMR, in 9 VAC 20-80-290.D.3, prohibit leachate recirculation on any liner system other than a Subtitle D composite liner system, relief is hereby granted to allow the facility to conduct leachate recirculation in the bioreactor test area, which is underlain with an alternate liner system. Additionally, whereas the VSWMR, in 9 VAC 20-80-250.C.17.(a) prohibit application of bulk liquids in solid waste landfills, relief is hereby granted to allow the facility to apply collected stormwater runoff and other authorized bulk liquids to the bioreactor test area. The bioreactor test area is to be operated under the Final Project Agreement (FPA) with Virginia Department of Environmental Quality, Waste Management of Virginia, Inc., and the United States Environmental Protection Agency (USEPA) under the USEPA Project XL program. The Project XL program allows regulatory relief and flexibility from certain environmental regulations. Waste Management of Virginia, Inc. has provided adequate information that the head on the liner will not exceed 12 inches with the recirculation of leachate and/or bulk liquids. Waste Management of Virginia, Inc. asserts that the recirculation of leachate and/or the addition of collected stormwater runoff and other authorized bulk liquids meets the requirements specified in 9 VAC 20-80-750. Based on the information submitted in these petitions, Waste Management of Virginia, Inc. has adequately justified the variance proposals. The variance petitions are located in Permit Module IIIA – Design and Construction – Bioreactor Test Area.

THIS IS TO CERTIFY THAT:

Waste Management of Virginia, Inc.
20221 Maplewood Rd
Jetersville, Virginia 23083

is hereby granted a permit to construct, operate, and maintain the Facility as described in the attached Permit Modules and the Permit Attachments cited in these Modules. These Permit Modules and Permit Attachments are as referenced hereinafter and are incorporated into and become a part of this permit.

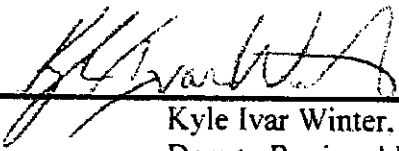
The herein described activity is to be established, modified, constructed, installed, operated, used, maintained, and closed in accordance with the terms and conditions of this permit and the plans, specifications, and reports submitted and cited in the permit. The Facility shall comply with all regulations of the Virginia Waste Management Board. In accordance with Chapter 14, §10.1 - 1408.1(D) of the Code of Virginia, prior to issuing this permit, any comments by the local government and general public have been investigated and evaluated and it has been determined that the proposed Facility poses no substantial present or potential danger to human health or the environment. The permit contains such conditions and requirements as are deemed necessary to comply with the requirements of the Virginia Code, the regulations of the Board, and to prevent substantial or present danger to human health or the environment.

Failure to comply with the terms and conditions of this permit shall constitute grounds for the revocation or suspension of this permit and for the initiation of necessary enforcement actions.

The permit is issued in accordance with the provisions of §10.1-1408.1.A, Chapter 14, Title 10.1, Code of Virginia (1950) as amended.

Issued:	June 12, 1992
Amendment 1:	April 29, 1994 (Major)
Amendment 2:	June 16, 1994 (Major)
Amendment 3:	May 4, 1995 (Minor)
Amendment 4:	July 31, 1995 (Minor)
Amendment 5:	January 31, 2000 (Minor)
Amendment 6:	July 18, 2002 (Major)
Amendment 7:	October 15, 2002 (Minor, GW)
Amendment 8:	February 25, 2003 (Minor)
Amendment 9:	May 2, 2003 (Minor)
Amendment 10:	November 4, 2004 (Minor, GW)
Amendment 11:	October 23, 2007 (Major)
Amendment 12:	Pending (Minor)
Amendment 13:	July 3, 2008 (Minor)

APPROVED:



Kyle Ivar Winter, P.E.
Deputy Regional Director

DATE: 02 December 2009
Amendment No. 14 (Minor)



Waste Management of Virginia, Inc.

AMELIA LANDFILL

20221 Maplewood Road

Jetersville, VA 23083

(804)561-5787

(804)561-5798 FAX

POSITION	NAME	PHONE	FAX
Senior District Manager	Brian McClung	(804) 240-8157	(804) 561-5798
Technical Service Representative	Toni Pucci	(412) 269-5337	(866) 865-1451
Controller	Jim Sanville	(804) 834-8300	(804) 834-3359

LOCATION: Located on Route 697 in Amelia County, VA, approximately 37 miles southwest of Richmond.

ACREAGE AND PERMITTED CAPACITY: 404 permitted acres, 794 total acres.
Maximum Daily Volume - 5,000 tons per day.

PERMIT: Virginia Department of Environmental Quality Permit #540.

HOURS OF OPERATION: Monday – Friday 7:00 a.m. - 4:00 p.m.
Saturday 7:00 a.m. – 11:00 a.m. (MSW Only)

Closed New Years Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day, Christmas Day

ACCEPTABLE WASTES: MSW, CDD, Asbestos and Pre-approved special wastes, such as: sludges, contaminated soils, ash and residuals.

CCB's Monofill Area: Monofill area dedicated solely to disposal of Coal Combustion By-Products ensures segregation from MSW

UNACCEPTABLE WASTES: Hazardous waste and waste containing free liquids.

CONTAINMENT DESIGN: The double liner system exceeds present VDEQ and Subtitle D regulations.

SITE MONITORING: Groundwater, surface water, leachate, stormwater, and gas.

SECURITY: The site is contained by perimeter fencing or natural buffer and has a single access point at the front gate. Special waste must be pre-approved. Site is monitored by surveillance cameras and a security service after closing.

GAS MANAGEMENT: Landfill gases are extracted and flared in accordance with EPA standards or sent to an on-site gas to energy plant.

TRANSPORTATION: Easy access to the site via Interstate I-95 and I-64. Site contains a rail siding with direct connection to Norfolk Southern rail line.

WASTE MANAGEMENT
DELAWARE, MARYLAND, VIRGINIA MARKET AREA

Date Received/Revised

WM USE Only

Waste Profile #

7258

REQUEST FOR APPROVAL
LANDFILL DISPOSAL OF SLUDGE

SECTION A. GENERATOR OF THE SLUDGE (to be completed by sludge generator)

Waste Generating Facility

1. Name of generating facility Mohawk Industries - Lee's Carpets
Address 404 Anderson St.; Glasgow VA Zip: 24555
Municipality Glasgow County Rockbridge
Location of site if different from mailing address _____
2. If a subsidiary, name of parent co. _____
3. EPA ID Number for the generating facility VAD 0000187
4. Generating facility contact person
Name Stephen Chesnut Title Waste Treatment Operator
Telephone Number 540-258-7282 E-Mail Stephen_chesnut@

SECTION B. WASTE DESCRIPTION

MohawkInd.com

A. General Properties

1. Typical quantity of waste to be delivered for landfill disposal:
 - a. Monthly max. 300 ton min. 25 ton avg. 25 ton tons
 - b. Annual max. 600 ton min. 300 ton avg. 250 ton tons
 - c. The percent solids of the sludge to be delivered to the disposal facility or results of EPA Method 9095 20-30%
2. Delivery frequency: 4 loads times per month.
3. Is the waste a hazardous waste as defined in 40 CFR 261?
☐ Yes ☒ No
4. What type of facility is generating the sludge?
☐ Municipal WWTP ☐ Chemical Plant WWTP ☒ Industrial Plant WWTP ☐ Groundwater Treatment Plant
 - a. If the facility is a chemical or industrial or manufacturing plant WWTP, identify the process(es) generating the sludge. Be specific as to the chemicals in the process(es) that are sent to the WWTP.
Activated Sludge Waste Water Treatment Plant
5. Identify the methods used to treat and/or stabilize the sludge including chemical reagents added during these processes.
Check if not applicable ☐
Aerobic Digestion

6. Identify any digestion processes used, including description of the equipment, techniques, and chemical reagents used.
Check if not applicable ☐ or no digestion process used ☐

Aerobic Digestion

7. Identify the dewatering processes, including description of the equipment, techniques, and chemical reagents used.

Plate and frame press and dewatering
polymer

8. Describe the treatment of the sludge which will reduce its potential for odors, vectors, and pathogens at the landfill.

Check if not applicable ☐ or no treatment utilized ☒

9. If this is sludge generated by a groundwater treatment plant, has the sludge been tested for radioactivity?

☐ Yes ☐ No N/A

SECTION C. CURRENT DISPOSAL METHODS

Attach a description of the current method and location of disposal. _____

Waste Management - Amelia

SECTION D. PREVIOUS APPROVALS (to be completed by the sludge generator)

List all previously approved requests for approval to process or dispose sewage sludge (attach additional sheets, if required).

Name of Facility	I.D. Number	State	Date of Approval
N/A			

SECTION E. CERTIFICATION OF GENERATOR

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based upon my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name of Responsible

Official TIM DANIELS Title Facility Engineer

Signature Tim Daniels Date 9/25/13



REI Consultants, Inc.
PO Box 286
Beaver, WV 25813
TEL: 304.255.2500
Website: www.reiclabs.com

Improving the environment, one client at a time...

3029-C Peters Creek Road
Roanoke, VA 24019
TEL: 540.777.1276

101 17th Street
Ashland, KY 41101
TEL: 606.393.5027

1557 Commerce Road, Suite 201
Verona, VA 24482
TEL: 540.248.0183

16 Commerce Drive
Westover, WV 26501
TEL: 304.241.5861

Monday, September 16, 2013

Mr. Stephen Chesnut
LEES CARPETS
404 ANDERSON ST
GLASGOW, VA 24555

TEL: (540) 258-2811
FAX: (540) 258-1634

RE: SLUDGE

Work Order #: 1309152

Dear Mr. Stephen Chesnut:

REI Consultants, Inc. received 2 sample(s) on 9/3/2013 for the analyses presented in the following report.
Sincerely,

Scott Gross

Project Manager



REI Consultants, Inc. - Case Narrative

WO#: 1309152

Date Reported: 9/16/2013

Client: LEES CARPETS

Project: SLUDGE

The analytical results presented in this report were produced using documented laboratory SOPs that incorporate appropriate quality control procedures as described in the applicable methods. Verification of required sample preservation (as required) is recorded on associated laboratory logs. Any deviation from compliance or method modification is identified within the body of this report by a qualifier footnote which is defined at the bottom of this page.

All sample results for solid samples are reported on an "as-received" wet weight basis unless otherwise noted.

Results reported for sums of individual parameters, such as TTHM and HAA5, may vary slightly from the sum of the individual parameter results, due to rounding of individual results, as required by EPA.

The test results in this report meet all NELAP (and/or VELAP) requirements for parameters except as noted in this report.

Please note if the sample collection time is not provided on the Chain of Custody, the default recording will be 0:00:00. This may cause some tests to be apparently analyzed out of hold.

All tests performed by REIC Service Centers are designated by an annotation on the test code. All other tests were performed by REIC's Main Laboratory in Beaver, WV.

This report may not be reproduced, except in full, without the written approval of REIC.

DEFINITIONS:

MCL: Maximum Contaminant Level

MDL: Method Detection Limit; The lowest concentration of analyte that can be detected by the method in the applicable matrix.

Mg/Kg or mg/L: Units of part per million (PPM) - milligram per Kilogram (weight/weight) or milligram per Liter (weight/volume).

NA: Not Applicable

ND: Not Detected at the PQL or MDL

PQL: Practical Quantitation Limit; The lowest verified limit to which data is quantified without qualifications. Analyte concentrations below PQL are reported either as ND or as a number with a "J" qualifier.

Qual: Qualifier that applies to the analyte reported.

TIC: Tentatively Identified Compound, Estimated Concentration

Ug/Kg or ug/L: Units of part per billion (PPB) - microgram per kilogram (weight/weight) or microgram per liter (weight/volume).

QUALIFIERS:

*: Reported value exceeds required MCL

B: Analyte detected in the associated Method Blank at a concentration > 1/2 the PQL

E: Analyte concentration reported that exceeds the upper calibration standard. Greater uncertainty is associated with this result and data should be considered estimated.

H: Holding time for preparation or analysis has been exceeded.

J: Analyte concentration is reported, and is less than the PQL and greater than or equal to the MDL. The result reported is an estimate.

S: % REC (% recovery) exceeds control limits

CERTIFICATIONS:

Beaver, WV: WVDHHR 00412CM, WVDEP 060, VADCLS 00281, KYDEP 90039, TNDEQ TN02926, NCDWQ 466, PADEP 68-00839, VADCLS (VELAP) 460148

Bioassay (Beaver, WV): WVDEP 060, VADCLS(VELAP) 460149, PADEP 68-00839

Roanoke, VA: VADCLS(VELAP) 460150

Verona, VA: VADCLS(VELAP) 460151

Ashland, KY: KYDEP 00094, WV 389

Morgantown, WV: WVDHHR 003112M, WVDEP 387

CHAIN OF CUSTODY RECORD



Research Environmental & Industrial Consultants, Inc.

MAIN LABORATORY & CORPORATE HEADQUARTERS:

PO Box 286 • 275 Industrial Park Rd, Georgia 30513

800-933-0167 • 304-251-2612 • www.research.com

MID-Ohio VALLEY

Service Center

103 1/2th Lane?

Ashtani, K. A. 1993.

646. 191.5077

SHENANDOAH

Service Center

1537 Commerce Bldg. 200

Удмурт Республикасының

7-1115 2-517:999A

ROANOKE:

Service Center

Page 1, Peter's Last List

Response, Vol. 2011-2

1992: 122.

MORGANTOWN

Service Centers

To commence work

Western, Wb. 2050¹

1000 241 3902

SAMPLE LOG & ANALYSIS REQUEST

TURNAROUND TIME		RUSH TURNAROUND			
<input checked="" type="checkbox"/>	NORMAL	5 DAY	3 DAY	2 DAY	1 DAY

Rush work needs prior laboratory approval and carries an additional charge.

[illegible]

All analytical requests are subject to RMC's Terms and Conditions.

Temperature at arrival 17.5°C

10 FEB 8 1964

ENTER PRESERVATIVE CODE:

- | | |
|------------------------|-----------------------------------|
| 5. Ethene | 7. Sodium Hydroxide |
| 6. Hydrochloric Acid | 8. Zn. Acetate |
| 9. Ethic Acid | 10. H ₂ O ₂ |
| 11. Sulfuric Acid | 12. Acetic Acid |
| 13. Sodium Thiosulfate | |

COMMENTS:

FAX RESULTS

EMAN RESULTS

148 446 B.061302

REI Consultants, Inc. - Analytical Report

WO#: 1309152

Date Reported: 9/16/2013

Client: LEES CARPETS
Project: SLUDGE
Lab ID: 1309152-01A
Client Sample ID: BIOCAKE SLUDGE

Collection Date: 9/3/2013 9:00:00 AM
Date Received: 9/3/2013
Matrix: Solid
Site ID:

Analysis	Result	PQL	MCL	Qual	Units	PrepDate	Date Analyzed
TCLP METALS BY ICP		Method: SW1311/6010C SW3010A				Analyst: LF	
Arsenic	ND	0.500	5.00		mg/L	9/5/2013 7:25 AM	9/5/2013 2:55 PM
Barium	ND	1.00	100		mg/L	9/5/2013 7:25 AM	9/5/2013 2:55 PM
Cadmium	ND	0.050	1.00		mg/L	9/5/2013 7:25 AM	9/5/2013 2:55 PM
Chromium	ND	0.500	5.00		mg/L	9/5/2013 7:25 AM	9/5/2013 2:55 PM
Lead	ND	0.500	5.00		mg/L	9/5/2013 7:25 AM	9/5/2013 2:55 PM
Selenium	ND	0.500	1.00		mg/L	9/5/2013 7:25 AM	9/5/2013 2:55 PM
Silver	ND	0.100	5.00		mg/L	9/5/2013 7:25 AM	9/5/2013 2:55 PM
TCLP MERCURY		Method: SW1311/7470 EPA245.1				Analyst: DS	
Mercury	ND	0.0020	0.200		mg/L	9/6/2013 8:17 AM	9/6/2013 2:06 PM
TCLP Percent Solids		Method: SW1311				Analyst: KD	
Percent Solids	100	NA	NA		wt%		9/4/2013 4:45 PM
PAINT FILTER		Method: E9095				Analyst: KD	
Paint Filter	negative	NA	NA		NA		9/4/2013 12:30 PM
TCLP HERBICIDES		Method: SW1311/8151 SW3510B				Analyst: SL	
2,4,5-TP (Silvex)	ND	0.00493	1.00		mg/L	9/10/2013 4:49 PM	9/11/2013 9:07 PM
2,4-D	ND	0.00986	10.0		mg/L	9/10/2013 4:49 PM	9/11/2013 9:07 PM
TCLP PESTICIDES		Method: SW1311/8081 SW3510B				Analyst: NC	
Chlordane	ND	0.00312	0.0300		mg/L	9/10/2013 8:26 AM	9/10/2013 4:26 PM
Endrin	ND	0.00025	0.0200		mg/L	9/10/2013 8:26 AM	9/10/2013 4:26 PM
gamma-BHC	ND	0.00012	0.400		mg/L	9/10/2013 8:26 AM	9/10/2013 4:26 PM
Heptachlor	ND	0.00012	0.00800		mg/L	9/10/2013 8:26 AM	9/10/2013 4:26 PM
Heptachlor epoxide	ND	0.00012	0.00800		mg/L	9/10/2013 8:26 AM	9/10/2013 4:26 PM
Methoxychlor	ND	0.00125	10.0		mg/L	9/10/2013 8:26 AM	9/10/2013 4:26 PM
Toxaphene	ND	0.00312	0.500		mg/L	9/10/2013 8:26 AM	9/10/2013 4:26 PM
Notes:							
Insufficient sample was available to prepare and analyze a matrix spiked quality control sample. Accuracy assessment was based on a lab control sample.							
TCLP SEMIVOLATILES		Method: SW1311/8270D SW3510				Analyst: JD	
o-cresol	ND	0.0241	200		mg/L	9/11/2013 11:20 AM	9/12/2013 5:38 PM
m,p-cresol	ND	0.0241	200		mg/L	9/11/2013 11:20 AM	9/12/2013 5:38 PM
1,4-Dichlorobenzene	ND	0.0241	7.50		mg/L	9/11/2013 11:20 AM	9/12/2013 5:38 PM
2,4-Dinitrotoluene	ND	0.0241	0.130		mg/L	9/11/2013 11:20 AM	9/12/2013 5:38 PM
Hexachlorobenzene	ND	0.0241	0.130		mg/L	9/11/2013 11:20 AM	9/12/2013 5:38 PM
Hexachlorobutadiene	ND	0.0241	0.500		mg/L	9/11/2013 11:20 AM	9/12/2013 5:38 PM
Hexachloroethane	ND	0.0241	3.00		mg/L	9/11/2013 11:20 AM	9/12/2013 5:38 PM

REI Consultants, Inc. - Analytical Report**WO#: 1309152****Date Reported: 9/16/2013**

Client: LEES CARPETS
Project: SLUDGE
Lab ID: 1309152-01A
Client Sample ID: BIOCAKE SLUDGE

Collection Date: 9/3/2013 9:00:00 AM
Date Received: 9/3/2013
Matrix: Solid
Site ID:

Analysis	Result	PQL	MCL	Qual	Units	PrepDate	Date Analyzed
Nitrobenzene	ND	0.0241	2.00		mg/L	9/11/2013 11:20 AM	9/12/2013 5:38 PM
Pentachlorophenol	ND	0.0241	100		mg/L	9/11/2013 11:20 AM	9/12/2013 5:38 PM
Pyridine	ND	0.0241	5.00		mg/L	9/11/2013 11:20 AM	9/12/2013 5:38 PM
2,4,5-Trichlorophenol	ND	0.0241	400		mg/L	9/11/2013 11:20 AM	9/12/2013 5:38 PM
2,4,6-Trichlorophenol	ND	0.0241	2.00		mg/L	9/11/2013 11:20 AM	9/12/2013 5:38 PM

TCLP VOLATILE ORGANIC COMPOUNDS**Method: SW1311/8260B****Analyst: SD**

Benzene	ND	0.050	0.500		mg/L	9/10/2013 6:23 PM	9/11/2013 11:08 PM
Carbon tetrachloride	ND	0.050	0.500		mg/L	9/10/2013 6:23 PM	9/11/2013 11:08 PM
Chlorobenzene	ND	0.050	100		mg/L	9/10/2013 6:23 PM	9/11/2013 11:08 PM
Chloroform	ND	0.050	6.00		mg/L	9/10/2013 6:23 PM	9/11/2013 11:08 PM
1,1-Dichloroethene	ND	0.050	0.700		mg/L	9/10/2013 6:23 PM	9/11/2013 11:08 PM
1,2-Dichloroethane	ND	0.050	0.500		mg/L	9/10/2013 6:23 PM	9/11/2013 11:08 PM
Methyl ethyl ketone	ND	0.500	200		mg/L	9/10/2013 6:23 PM	9/11/2013 11:08 PM
Tetrachloroethene	ND	0.050	0.700		mg/L	9/10/2013 6:23 PM	9/11/2013 11:08 PM
Trichloroethene	ND	0.050	0.500		mg/L	9/10/2013 6:23 PM	9/11/2013 11:08 PM
Vinyl chloride	ND	0.050	0.200		mg/L	9/10/2013 6:23 PM	9/11/2013 11:08 PM
Surr: 1,2-Dichloroethane-d4	96.9	72.6-120	NA		%REC	9/10/2013 6:23 PM	9/11/2013 11:08 PM
Surr: 4-Bromofluorobenzene	98.8	82.8-119	NA		%REC	9/10/2013 6:23 PM	9/11/2013 11:08 PM
Surr: Dibromofluoromethane	107	79.4-131	NA		%REC	9/10/2013 6:23 PM	9/11/2013 11:08 PM
Surr: Toluene-d8	98.1	74-121	NA		%REC	9/10/2013 6:23 PM	9/11/2013 11:08 PM

pH**Method: SW9045D****Analyst: DSD**

pH	6.59	NA	NA		SU	9/4/2013 11:45 AM
----	------	----	----	--	----	-------------------



**MAPLEWOOD RECYCLING AND WASTE DISPOSAL FACILITY
"AMELIA LANDFILL"**

**Permit # 540
Post Office Box 68
Amelia, VA 23002
804-561-5787-Phone
804-561-5798-Fax**

August 8, 2014

**Stephen T. Chesnut
Mohawk Industries
404 Anderson Street
Glasgow, VA 24555**

**Re: Waste Acceptance of non-hazardous latex and bio-cake sludge from Mohawk Industries located in
Glasgow, Virginia**

Mr. Chesnut,

Please accept this letter as confirmation that Waste Management Maplewood Recycling and Waste Disposal Facility "Amelia Landfill" accepts the latex and bio-cake sludge from Mohawk Industries 404 Anderson Street, Glasgow, VA 24555. The two waste streams are accepted at the Amelia landfill under profile numbers: 7258, Latex Sludge and 7259 Bio-cake sludge.

Should you have any questions regarding the acceptance of the latex and bio-cake sludge I can be reached at 804-512-7800.

Sincerely,

A handwritten signature in black ink that reads 'Tom Foley - TR'. The signature is written in a cursive, flowing style.

**Tom Foley
Waste Management, Inc.
Sr. Industrial Account Manager**

VPDES General Permit Registration Statement

**For Industrial Activity
Stormwater Discharges**

(VAR05)

**VPDES General Permit for Industrial Activity Stormwater Discharges (VAR05)
Registration Statement**

(Please Type or Print All Information)

1a. Facility Owner

Name: Mohawk Industries

Mailing Address: 404 Anderson Street

City: Glasgow State: Va. Zip: 24555 Phone: 540-258-7282

E-Mail Address (where available): stephen_chesnut@mohawkind.com

1b. Operator Applying For Permit Coverage (if different than "1a")

Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A Phone: N/A

E-Mail Address (where available): N/A

2. Facility Information

Facility Name: Mohawk Industries

Street Address: 404 Anderson Street

City: Glasgow State: Va. Zip: 24555 FAX Number: 540-258-1634

County Name: Rockbridge

Contact Name: Stephen Chesnut Phone: 540-258-7282

E-Mail Address (where available): stephen_chesnut@mohawkind.com

3. Nature of business (provide a brief description): Manufacturer of carpet

4. Names of the receiving waters for all industrial activity discharges: Maury River

5. Are any of the discharges through a municipal separate storm sewer system (MS4)? Yes ☐ No ☒

If "yes", provide the name of the MS4 owner: _____

Note: Permit Special Condition 13 requires the permittee to notify the MS4 owner in writing of the existence of the discharge within 30 days of coverage under this permit. The notification must include the following information: the name of the facility, a contact person and phone number, the location of the discharge, the nature of the discharge, and the facility's VPDES general permit registration number. DEQ must be copied with the notification.

6. Permit Numbers for any existing VPDES permits assigned to the facility: VA0004677 / VAN040067

7. For a new facility, a facility previously covered by an expiring individual permit, or an existing facility not currently covered by a VPDES permit, has a SWPPP been prepared? Yes ☒ No ☐

8. Identify up to four 4-digit Standard Industrial Classification (SIC) Codes or 2-letter Industrial Activity Codes that best represent the principal products or services rendered by the facility and major co-located activities.

The 2-letter Industrial Activity Codes are: HZ - hazardous waste treatment, storage, or disposal facilities; LF - landfills/disposal facilities that receive or have received any industrial wastes; SE - steam electric power generating facilities; or, TW - treatment works treating domestic sewage.

4-Digit SIC Codes or 2-letter Industrial Activity Codes: 2273 2269

9. Attach a list identifying all the applicable industrial sectors that cover the stormwater discharges from the industrial activities at the facility, and from major co-located industrial activities that will be covered under this permit (see instructions). Also identify the stormwater outfalls associated with each identified sector.

In addition to attaching the list, answer the questions below as they apply to the facility's discharges:

- a. For landfills (Sector L), indicate the type of landfill: N/A
- b. For timber products operations (Sector A), indicate which outfalls (if any) receive discharges from wet decking areas: N/A
- c. For all facilities, indicate which outfalls (if any) receive discharges from coal storage piles: N/A
- d. For asphalt paving and roofing materials manufacturers (Sector D), indicate which outfalls (if any) receive discharges from asphalt paving and roofing emulsions production areas: N/A
- e. For cement manufacturing facilities (Sector E), indicate which outfalls (if any) receive discharges from material storage piles: N/A
- f. For (Sector N) scrap recycling/waste recycling facilities that receive only source-separated recyclable materials, indicate which outfalls (if any) receive discharges from this activity. Also list the metals that are received (if any). N/A
- g. For primary airports (Sector S), list the average deicing season, and indicate which outfalls (if any) receive discharges from deicing of non-propeller aircraft, and the annual average departures of non-propeller aircraft. N/A

10. Facility area information. List the total area of the facility (in acres), the area of industrial activity at the facility (in acres), the total impervious area of the industrial activity at the facility (in acres), and the area (in acres) draining to each industrial activity outfall at the facility. Total facility area 97 acres, area of industrial activity 31 acres, impervious area 14 acres, and 45 acres draining to stormwater outfalls.

11. Attach the following maps to the registration statement:

- a. General location map. A USGS 7.5 minute topographic map, or other equivalent computer generated map, with sufficient resolution to clearly show the location of the facility and the surrounding locale; and
- b. Site map. A map showing the property boundaries, the location of all industrial activity areas, all stormwater outfalls, and all water bodies receiving stormwater discharges from the site.

12. Is this a new facility that commenced construction after June 30, 2014, located in the Chesapeake Bay watershed, and applying for first time general permit coverage? (see instructions) Yes ☒ No ☒

If "yes", attach the required documentation (see instructions).

13. Certification: "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

Print Name Todd Shail

Title: Plant Manager

Signature: 

Date: 8/25/14

14. Would you like your permit sent to you electronically? Yes ☒ No ☐

If "Yes", please list the email address to send it to: stephen_chesnut@mohawkind.com

For Department of Environmental Quality Use Only

Accepted/Not Accepted by: _____

Date: _____

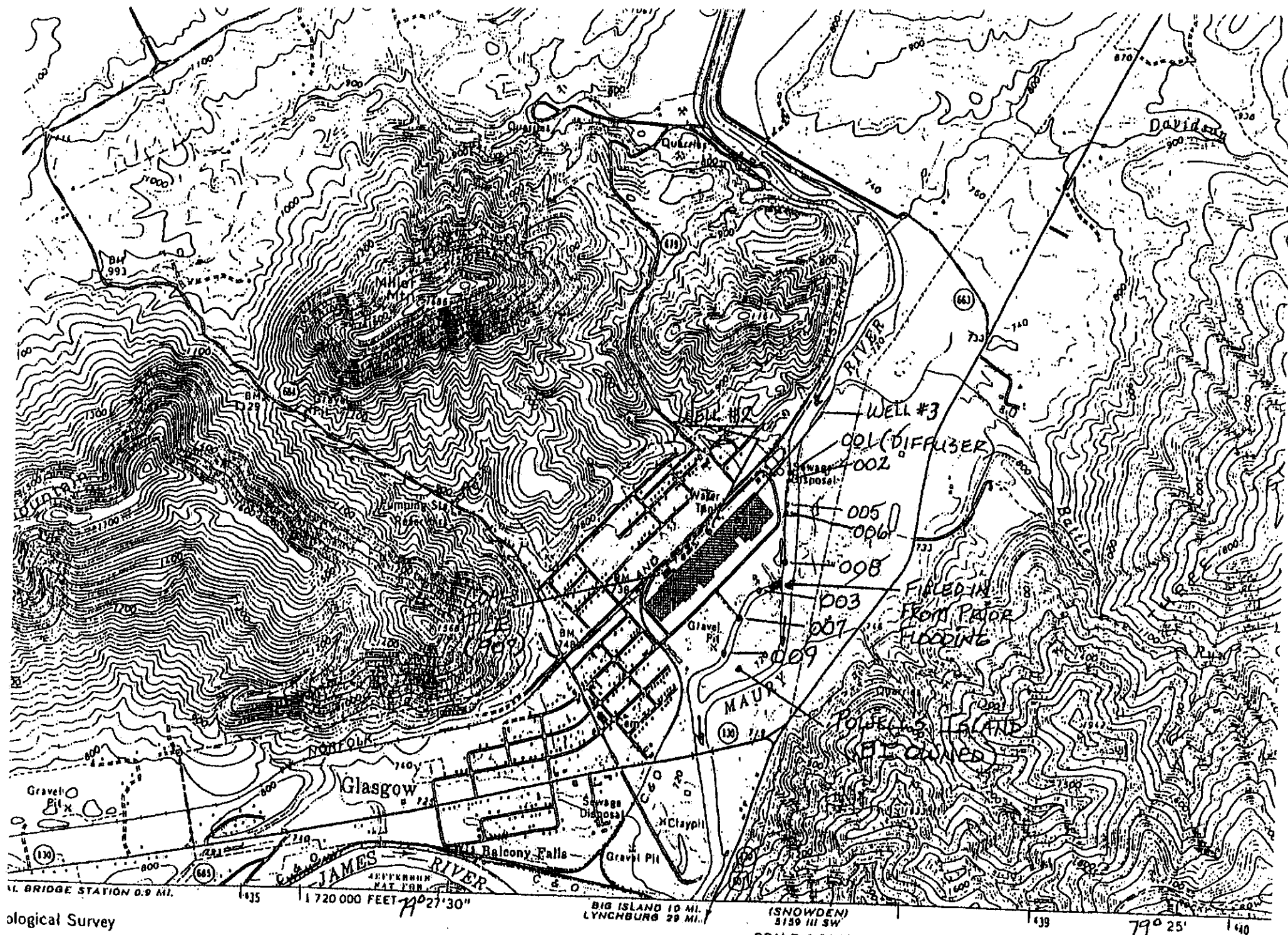
Basin _____

Stream Class _____

Section _____

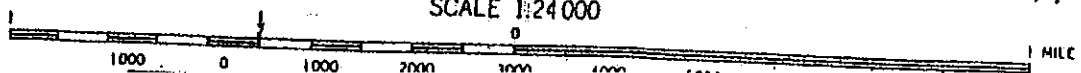
Special Standards _____

Antidegradation Checked? Y ☐ N ☐ Impaired Waters Discharge? Y ☐ N ☐ TMDL approved? Y ☐ N ☐



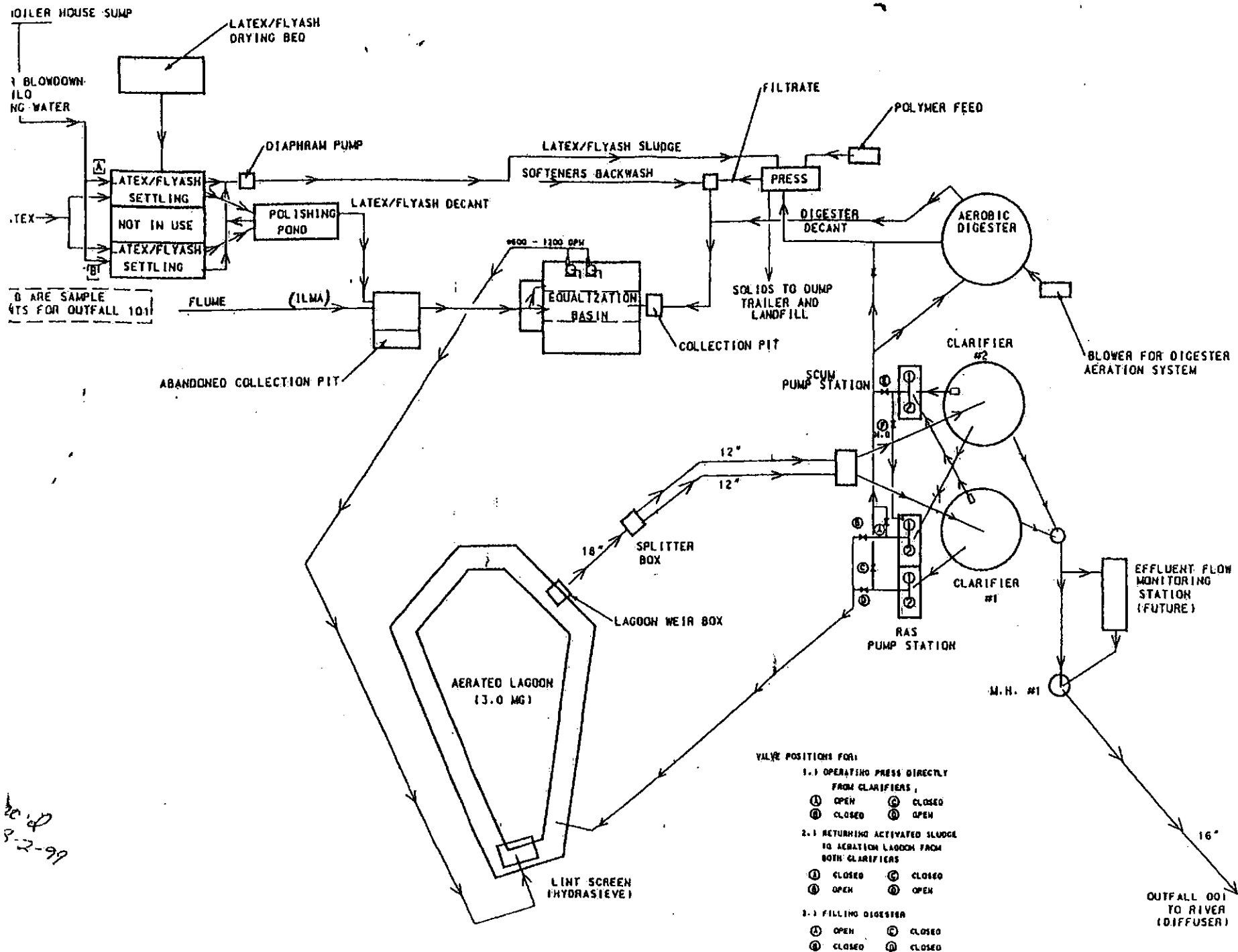
ological Survey

erial



LEES CARPET - DIVISION OF MOHAWK INDUSTRIES

INDUSTRIAL WWTP



8-2-99

VPDES

Application

Addendum

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Mohawk Industries
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.
2. **Is this facility located within city or town boundaries?** ☒ YES ☐ NO
Include a topographic map identifying the location of the facility, the property boundaries, and the discharge point.
3. **What is the tax map parcel number for the land where this facility is located?** 108A8-A-1
4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** None
5. **ALL FACILITIES:** What is the design average flow of this facility? 2.0 MGD
Industrial facilities: What is the maximum 30-day avg. production level (include units)? 0.242 MGD

In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? ☒ YES ☐ NO

If "Yes", please specify the other flow tiers (in MGD) or production levels: 0.5 MGD / 1.1 MGD

Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?

6. **Nature of operations generating wastewater:**

10 % of flow from domestic connections/sources

Number of private residences to be served by the wastewater treatment facilities: ☒ 0 ☐ 1-49 ☐ 50 or more

90 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☒ Continuous ☐ Intermittent ☐ Seasonal
Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

- ☒ Permanent stream, never dry
- ☐ Intermittent stream, usually flowing, sometimes dry
- ☐ Ephemeral stream, wet-weather flow, often dry
- ☐ Effluent-dependent stream, usually or always dry
- ☐ Lake or pond at or below the discharge point
- ☐ Other: _____

9. **Consent to receive electronic mail**

The Department of Environmental Quality (DEQ) may deliver permits, certifications and plan approvals to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

- ☒ Applicant or permittee agrees to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.
Please provide email: stephen_chesnut@mohawkind.com

- ☐ Applicant or permittee declines to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity.

Public Notice

Billing

Information

Form

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in The News Gazette in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed: Stephen Chesnut, Operator in Responsible Charge

Owner: Mohawk Industries

Agent/Department Address: 404 Anderson Street

Glasgow, Va. 24555

Agent's Telephone No.: 540-258-7282

Printed Name: Stephen Chesnut

Authorizing Agent – Signature: 

Date: 8/25/14

Facility Name: Mohawk Industries, Inc.

VPDES Permit No. VA 0004677

Permit Billing Information Form

**VPDES/VPA Permit Billing Information Form
for Annual Maintenance Fee**

Facility Name: Mohawk Industries

Permit Number: VA0004677

Owner Name: Mohawk Industries

Owner Address: 404 Anderson Street

Glasgow, Va. 24555

Billing Contact Name: Stephen Chesnut

Title: Wastewater Treatment, Operator in Responsible Charge

Phone Number: 540-258-7282

E-Mail Address: stephen_chesnut@mohawkind.com
